

LITIGATING HEALTH RISKS:
ASSESSING THE IMPACT OF LEGAL SERVICES TO COMBAT HOUSING
AND NEIGHBORHOOD-RELATED HEALTH RISKS

A Dissertation
Presented to the Faculty of the Graduate School
of Cornell University
In Partial Fulfillment of the Requirements for the Degree of
Doctor of Philosophy

by
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February 2010

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LITIGATING HEALTH RISKS:
ASSESSING THE IMPACT OF LEGAL STRATEGIES IN COMBATING
HOUSING AND NEIGHBORHOOD-RELATED HEALTH RISKS

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Cornell University 2010

The present dissertation considers the interaction between housing and neighborhood challenges that trigger health risks and examines the effectiveness of legal services as a resource tool for at-risk families in improving child and family health. This dissertation offers a detailed analysis of the home and neighborhood contexts based on 72 ethnographic interviews with low-income mothers residing in an inner-city neighborhood- Dorchester, MA. This project is also nested within a larger program evaluation of the Medical Legal Partnership for Children (MLPC) program administered through Boston Medical Center and three community health centers in Dorchester, where respondents were recruited. In the MLPC program, physicians refer patients, when their health problems seem to be caused by something housing-related, to in-house legal services to help address the housing problem and which in due course reduce health risks present in the home environment via legal enforcement. The quasi-experimental design of this study compares 36 families who have used MLPC services to address housing-related legal problems, while the remaining 36 families had similar demographic characteristics (in that they were low-income Dorchester residents) and housing problems but did not have access to the MLPC

program through the health center where their children received medical/health services.

This dissertation consists of three substantive papers that highlight various aspects of the study findings. The first paper describes the potential of law to act as a mediator between poor housing and poor health. The second paper discusses the theoretical framework of legal consciousness as it relates to within group differences among marginalized group members. The third paper is an empirically grounded account that compares problem-solving strategies employed by low-income families to cope with and manage everyday problems, particularly those related to housing. In the overall conclusion, I discuss the relevance of this dissertation with respect to its scholarly contributions and offer several policy recommendations. As a whole, this dissertation contributes to a better understanding of how the deliberate use of legal services may provide an opportunity to enhance coping strategies that maximizes the resource capacity and improves the living conditions of poor families.

BIOGRAPHICAL SKETCH

Diana Hernandez was born on September 27, 1982 in the Mott Haven section of the South Bronx. She is the youngest of four children and is of Puerto Rican descent. A product of Head Start Programs, Diana attended public schools in the Bronx through high school where she took extra credits and advanced classes to graduate one year early. At the age of 19, Ms. Hernandez earned her baccalaureate degree in Sociology and Black and Puerto Rican Studies at City University of New York- Hunter College in May 2002. She later enrolled into a doctoral program in Sociology at Cornell University in August 2002. Under the guidance of David Grusky, David Harris and Maureen Waller, Diana completed her Master's thesis entitled "Mediating Spatial Mismatch," which was a program evaluation of a job training and placement program in the Bronx, NY.

In Spring 2006, Ms. Hernandez went on to defend her dissertation prospectus and began fieldwork in Dorchester, MA in September 2006. Her data collection process involved qualitative interviews and ethnography and continued through February 2008. Her dissertation entitled, *Litigating Health Risks*, examines the effectiveness of legal services as a resource tool for low-income families in the prevention and intervention of child and family health risks precipitated by problematic housing and neighborhood conditions. Her dissertation research has been funded by Atlantic Philanthropies and several Cornell University graduate student research grants. In previous research, Ms. Hernández (with Michael Jones-Correa) examined Latino immigration to emerging and established areas with respect to immigrant incorporation and

race relations between Latinos and other racial and ethnic groups.

Ms. Hernandez's research interests include Poverty and Social Inequality; Race, Ethnicity and Immigration; Public Policy and Qualitative Methods and Evaluation. She has presented her research at national and international conferences including American Sociological Association and the Law and Society Annual Conferences. She has taught and assisted in teaching several sociology and policy-related courses at Cornell University and Hunter College. Her scholarship has been supported by Mathematica Policy Research and she has most recently received the Law and Social Science, NSF-funded dissertation fellowship through the Law and Society Association and the American Bar Foundation.

This dissertation is dedicated
to my mother, Milagros DeJesus Hernández
whose example gives meaning and purpose to my work
and inspires me to aspire for more...

It is also in loving memory of
my brother and hero, Misael "*Michie*" Hernández
and my father and guardian angel,
Frank "*Papa*" Hernández.
The memory of their lives reminds me that one's life
is measured by one's impact on others.

ACKNOWLEDGMENTS

This dissertation would not be possible were it not for many doors, minds and hearts opening up for me. This dissertation was completed over the course of three years. Nearly a year and half was devoted to collecting data at the neighborhood level and completing the interviews with subjects, community members and local leaders. This dissertation would not have been possible without the cooperation of so many people who allowed me to take a short glimpse into their lives and communities. I am greatly indebted to the 72 respondents who took time out of their busy lives to help me understand their problems. I would also like to thank the local politicians and community activists and organizers that welcomed me into their neighborhood as well as the clinical staff at the community health centers where I recruited patients especially Bill Walczak and Dr. Harvey Bidwell.

My dissertation committee is made up of brilliant scholars in many fields united by an interest in inequality. I am fortunate to benefit from their exceptional scholarship and diverse perspectives. First, I'd like to thank my dissertation chair, David R. Harris, who has patiently supported my ideas and academic progress in spite of an accelerated career progression of his own. I credit Maureen Waller with not only training me well in qualitative methods but also with reigniting my passion for social science research by inviting me to join the MLPC program evaluation project. Gary Evans has been a wise and kindred advisor who has helped me to consider the many possibilities that an academic career has to offer. Lastly, I am especially grateful to Steve Morgan who has generously shared his honest opinion of my work.

Writing this dissertation was made possible by the Law and Social Science dissertation writing fellowship, supported by the National Science Foundation, the Law and Society Association and the American Bar Foundation. My residence at the American Bar Foundation afforded me time, resources and connections with wonderful mentors including Carol Heimer, Sally Merry, Robert Nelson and Laura Beth Neilsen. I also encountered other scholars at the ABF who made my time there enjoyable including Bernadette Atahuene, Jamillah Bowman, Traci Burch, Beth Mertz and Becky Pettit.

As an evaluation project, I was fortunate to have encountered a truly progressive set of scholars and practitioners that I have to come to admire including Megan Sandel, Ellen Lawton, Mark Hansen, Barry Zuckerman, Johanna Flacks, Ed DeVos and the many other impressive members of the MLPC community. I am also grateful for generous funding through Atlantic Philanthropies that funded the MLPC evaluation and various Cornell University graduate student grants including a Graduate Seed Grant from Center for the Study of Inequality and Bronfenbrenner Life Course Center, a travel grant through the Cornell University Graduate School, a Graduate Student Research Grant from the Latino Studies Program and the Provost's Diversity Fellowship as well as a summer research fellowship through Mathematica Policy Research.

My friends, many of whom I've met in graduate school and in the field have proven to be invaluable cheerleaders throughout this process. I wish to acknowledge Tanisha Burford, Sergio Chavez, Hedy Lee, Tanika Hurtt, Dela Kusi-Appouh, Angela Rivera and Monica Villalobos for their friendship and

moral support. I would like also to express a special thank you to Monique Davis as well as Pat and Chi for their gracious hospitality while staying in Boston and Nurys Camargo for an enduring friendship that formed in the Dot.

My family has been my bedrock and my main source of inspiration throughout my academic career. The love and support of my family members including my mother Milagros, brother Obed, sister Mildred and nephews Jeffrey Justin and Julius as well as my Abuela Clara Luz, aunts Carmen and Modesta, uncles Eric and Cano, cousins Joey, Cookie, Junito and Nikolas and my second mom, Sylvia provided the stamina I needed to stay the course. I appreciate their confidence in my abilities and the pride they have taken in my accomplishments. Many things in my life changed personally while completing this dissertation. The most salient of which was the loss of my brother. Michie was not only my older brother he was also a dear friend. While at times the sadness of having lost him overwhelmed me, the legacy of his life and my desire to make him proud kept me going to the finish line. Lastly, my dear partner, Isaac, whose love, patience, enduring support and belief in my abilities has been an incredible gift that I greatly appreciate.

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CHAPTER 1

INTRODUCTION

Given the salience of socioeconomic and racial health disparities, my dissertation research examines the effectiveness of legal services as a resource tool for at-risk families in improving child and family health. Inadequate housing and neighborhood conditions pose significant risks for families and children. In fact, the living conditions of poor families often represent multiple layers of risk and paradox. While at home, overcrowding, poor maintenance, and rodents make adults and children sick and stressed. Moreover, lack of affordability, instability and poor quality conditions in housing have been linked to health risks including developmental delays, depression and stress in children and families. Meanwhile, inner-city neighborhoods marked by concentrated poverty, deficient local resources and excessive incidents of violent crime contribute to many negative health outcomes. Ironically, rough streets in poor neighborhoods keep families trapped in their homes. Inner-city residents often use home-based strategies to avoid adverse neighborhood conditions such as violence, drugs and crime. While effectively managing one problem by avoiding neighborhood danger, risks in the home (i.e. poor maintenance and crowding) could also jeopardize the health and well-being of family members. As such, the present dissertation research considers the interaction between housing and neighborhood challenges that trigger health risks.

The legal system represents a potential tool for poor individuals to use to confront the deleterious cycle of deficient environmental surroundings. The

law and legal assistance can help overcome some of the barriers experienced in the home environment by holding landlords, housing authorities and investigational agencies accountable. In pursuing housing as a civil justice issue, legal remedies may be used to enforce the rights of low-income families to decent living conditions. Despite potential benefits that the deliberate use of the legal system can render including opportunities to enhance coping strategies that maximize resource capacity and improve living conditions, many at-risk families underutilize the legal system as a resource due to limited access and poor perceptions of legal services and law enforcement. Among the difficulties is the disproportionate representation of poor and minority group members in the criminal justice system. This and other barriers to the legal system serve to minimize the prospects of poor families in using legal approaches to remedy the complexities of their lives.

This dissertation offers a detailed analysis of the home and neighborhood contexts and the legal system among inner-city residents. As a whole, this dissertation contributes to a better understanding of how such families perceive their circumstances and, through the deliberate use of legal services, may have an opportunity to enhance coping strategies that maximize their resource capacity and improve their living conditions.

Purpose of Study

The purpose of this dissertation research project is to a) document the circumstances of home and neighborhood risks among low income families b) understand the factors that prevent and promote the use of the legal system as a coping strategy and c) provide some preliminary guidelines to increase

access and effective use of the legal system among low income inner city residents.

Research Questions

The questions that guide my work are interrelated and funnel down from broad to narrow in order to tend to the multiple layers of this project. They are:

- ◇ What housing and neighborhood challenges do families living in low-income communities face?
- ◇ What strategies do families use to cope with adverse living conditions in their home and neighborhood environments?
- ◇ How can the legal system help remedy unfavorable housing and neighborhood living conditions?
- ◇ What factors promote or prevent at-risk families from drawing on the legal system as a coping strategy?
- ◇ What benefits do at-risk families obtain from receiving legal assistance to address their housing/neighborhood challenges?

Data and Methods

The design for this project entails qualitative research methods primarily based on interviews as well as household and neighborhood

observations in Dorchester, MA. This project is nested within a larger program evaluation of the Medical Legal Partnership for Children (MLPC) program in Boston. MLPC is an innovative program that integrates legal advocacy in the clinical setting. The main objective of the program is to provide the parent or legal guardian of pediatric patients with free legal assistance to address unfavorable social circumstances and environmental hazards that, if corrected, may improve child and family health and well-being. MLPC attorneys take on cases related to housing, immigration, education, social service benefits and family law for patient-families. The medical-legal collaboration established through MLPC facilitates the identification and correction of potential barriers to child and family health. In their triage approach, pediatricians identify specific medical outcomes such as asthma and malnutrition that may result from precarious living conditions. Subsequently, on-staff MLPC lawyers work to enforce the patient's rights to decent housing and provide other necessary services to meet the family's basic needs.

The quasi-experimental design of this study compares 36 families who have used MLPC services to address housing-related legal problems, while the remaining 36 families had similar demographic characteristics (in that they were low-income Dorchester residents) and housing problems but did not have access to the MLPC program through the health center where their children received medical/health services. I administered a total of 72 face-to-face, home-based interviews with the parent or legal guardian of pediatric patients at community health centers in Dorchester. On average, the interviews lasted approximately 90 minutes and focused on the families' health, housing conditions, neighborhood issues, coping strategies,

perceptions of the legal system and use of legal services. To provide additional contextual data, I lived in Dorchester for about a year and a half and during which time I regularly attended community meetings and events throughout Dorchester. I did this to get a sense of life in the neighborhood by immersing myself as much as possible in neighborhood life as a Dorchester resident.

Structure of Dissertation

This dissertation consists of three substantive papers that highlight various aspects of the study findings. The first paper describes the potential of law to act as a mediator between poor housing and poor health. The second paper discusses the theoretical framework of legal consciousness as it relates to within group differences among marginalized group members. The third paper is an empirically grounded account that compares problem-solving strategies employed by low-income families to cope with and manage everyday problems, particularly those related to housing. In the overall conclusion, I discuss the relevance of this dissertation with respect to its scholarly contributions and offer several policy recommendations. As a whole, this dissertation contributes to a better understanding of how the deliberate use of legal services may provide an opportunity to enhance coping strategies that maximizes the resource capacity and improves the living conditions of poor families.

Paper 1- Litigating Health Risks

In light of the recent housing crisis in the United States, many families are facing new challenges in finding a decent, affordable place to live. Recent media attention on the housing crisis has pointed to rising housing costs and

questionable mortgage lending practices, which have had a largely negative and rippling effect on the economy since the early 2000s. As questions continue to loom about the stabilization of the housing market and people's personal finances, it is clear that the longstanding effects of the housing crisis in the United States extend far beyond the cost of homes and high interest mortgages. The trickling effects of housing affordability- or lack thereof- are evident in the growing challenges associated with residential stability and housing conditions as owners and renters alike encounter increased difficulties in finding and keeping a decent, affordable place to live. Yet low-income householders, in particular, are especially at risk of contending with not only unaffordable housing but also the substandard living conditions that seem to commonly accompany the limited housing options that constrained budgets can afford.

Unfortunately, money is only part of the problem when it comes to housing challenges. Housing also has important implications for the health and well-being of inhabitants. In fact, many studies have examined the ways in which substandard housing conditions influence various health outcomes among householders. Moreover, growing inter-disciplinary research has pointed to housing and neighborhood quality as the culprits of health disparities that disproportionately impact low-income and minority populations. Even still, there are laws and codes established by local, state and federal entities designed to protect the health and welfare of inhabitants. While these official standards would facilitate the efforts of low-income residents in enforcing their rights to a decent, healthy living environment, legal approaches are not as widely used as they could potentially be,

especially when tackling housing hardships that are unlawful and where legal remedies are plausible.

This paper provides empirical evidence for the promise/potential of legal service interventions to address housing related hardship among low-income families. It addresses the following research questions: How can the legal system help remedy unfavorable housing and neighborhood living conditions? What factors promote or prevent at-risk families from drawing on the legal system as a coping/management strategy? What are the outcomes related to utilizing legal assistance to address housing and neighborhood challenges among at-risk families?

The goal of this paper is to examine how the law can be better used as an instrument in addressing housing and neighborhood conditions that pose health risks among poor householders. More specifically, I discuss several housing laws and codes that exist to protect the health and well-being of residents and show how legal interventions can serve to mitigate health risks in the home environment. In treating the law as a pathway through which to mediate the negative effects of housing on health, I argue that legal interventions may serve to intercept and alleviate the harmful links between poor housing and poor health.

The results illustrate that legal services can be useful in addressing housing issues such as hazardous housing conditions; utilities and housing affordability hardships; tenant/landlord disputes; housing searches and transfers and access to effective resources. This paper also discusses some of

the challenges faced by low-income people in mobilizing the law and legal services to address housing hardships. These barriers include impressions of whether and how legal interventions are effective and beneficial; money and perceptions of financial accessibility; trust in the legal system, lawyers and the process/prospects of legal redress. Policy implications and recommendations are highlighted in the discussion section of the paper.

Paper 2- *"I'm Gonna Call My Lawyer:" Legal Consciousness at the Margins*

The study of legal consciousness entails understanding how the law is embedded in the everyday actions and interpretations of the experiences of all facets of life. It seeks references to the law within social experiences rather than law as an external force that operates independent of other social forces. This conceptualization of legal consciousness is different from how the relationship between law and society was viewed in the past. In this paper, I take the task of understanding legal consciousness a step further by applying the concept to marginalized group members- poor women of color. In the literature, members of this group have been overlooked or lumped together and at times, misrepresented as operating "against the law" (Ewick and Silbey 1998). To date, the law and society literature has taken for granted some underlying assumptions that may reflect race, class and/or gender differences in legal consciousness. Yet, the intersection of marginalization- in this case that of race, class and gender has important implications for the study of legal consciousness, particularly for those located at the crux of legal exclusion and inequality.

My approach to the study of legal consciousness differs from other

scholars in the field in that it is looking for within-group variance and inequality in the pursuit of civil legal matters, particularly those surround housing and tenant rights, to better understand low-income mothers' participation- or lack of participation- in the legal system. The purpose of this paper is to understand the nuanced nature of variations in legal consciousness and how these differences impact the ways in which marginalized group members think about and mobilize the law and also come to develop and exercise legal consciousness. In considering legal consciousness in this way, I expand on the legal consciousness literature by a) considering the role of inequality in shaping the perspectives of indigent women of color, which represents the intersection of social inequality with respect to race, class and gender and b) focusing on a particular realm of personal problems in housing and inner-city neighborhood life, in which the law is ubiquitous but variably acknowledged and/or commissioned by marginalized group members and participants in my study.

My research is based on qualitative interviews with 72 low-income mothers who live in an inner-city neighborhood think about their housing problems and where references to the law and legality appear in how they treat these problems. For many, legal consciousness proved to be low and even when they were aware of rights and discussed legal options, few pursued the law as a strategy. My research design helped facilitate a comparison between families that did mobilize the law and others in similar situations who did not. The development of legal consciousness and engaging legal strategies often resulted in 1) increasing self-efficacy- belief about one's ability or capacity to accomplish a task or deal with the challenges of life

and 2) developing new rights awareness, which helped families not only deal with their current housing problems but also apply their newly acquired legal orientation skills to future occurrences that would later benefit them personally as well as members of their social network (usually kin or kith). The main explanation for why some mothers failed to express or develop a sense of legal consciousness is that they approached the law and legality with fear or disregard and avoided legal institutions due to personal vulnerabilities, lack of trust or dismay associated with the legal system. This disposition in legal consciousness reflects how the law as an institution continues to reproduce inequality through disengagement despite its potential to level inequality and protect people's rights.

Paper 3- *Roaches and Rats: Chemicals and Cats: Strategies of Action among Low-Income Families with Housing Problems*

Navigating the circumstances of poverty is no easy task. Low-income heads of households must often make decisions about how to make the most of limited budgets and how best to protect the family from safety hazards and other dangers. Yet there is still much to be learned about the strategies that disadvantaged families use and how they might develop alternative strategies that complement their existing efforts and may prove to be equally or more effective at resolving problems.

In this paper, I use the toolkit paradigm espoused by Swidler (1986) to further explore the management and coping strategies employed by low-income families when confronting various housing-related hardships. Housing, in this sense, is a rich area to examine strategies because managing a

home requires not only balancing finances but also maintaining a decent environment that is safe and healthy for inhabitants. Moreover, the ambiance at home can at once harbor or hamper elements outside of the home whereby home can act as a safe haven or a danger zone. Given the importance of the home environment, the strategies that heads of households employ to maintain the home are salient, especially so because these strategies can produce unintended consequences that may exacerbate health hazards in the home or create instability in housing.

This paper describes families' strategies for managing and coping with housing and neighborhood hardship, particularly focusing on uncovering their unintended consequences on family stability and child/family health and well-being. The analysis draws on strategies employed by families in similarly deficient housing and neighborhood contexts and compares two groups of families, half of which have accessed legal services through a medical-legal partnership at community health centers and a local hospital and a comparable group of families who do not have access to said legal services. The study shows the differences between the two groups in terms of coping strategies and the results of using legal services as a resource tool.

The most effective problem solvers were those that incorporated a combination approach, whereby several strategies were used simultaneously. The combined strategy approach usually helped families to most effectively tackle ongoing and difficult housing troubles. In housing affordability hardships, for example, these efforts might constitute using a juggling scheme with household expenses along with applying for subsidized housing with the

help of a social worker, case worker or lawyer. Unfortunately, some parents were less successful at problem-solving. This was particularly true for families facing persistent and/or complex housing problems. At times, they became overwhelmed and sometimes chose to deal with the problems by not acting at all. With less proactive, measured responses, this approach resulted in avoiding housing issues temporarily and even indefinitely. This approach was often induced by mental health issues and feelings of hopelessness and despair.

Housing problems are not one size fits all and the approach to deal with them should be as varied as the types of problems themselves. Yet as in building a new home or reconstructing an existing one, without the proper tools the job is much harder. By looking in greater detail at how families confront housing problems, this paper contributes in important ways to sociological and policy literature on disadvantaged families, low-income housing and problem-solving strategies. This information is useful to the scholarly community, policy makers and practitioners because it helps elucidate the tools families are using to resolve problems and can be instrumental in finding ways to help families develop new skills and approaches for dealing with housing problems.

CHAPTER 2

STUDY METHODOLOGY

The research methodology for this study incorporates ethnographic interviews embedded within a program evaluation carried out over a 16-month period. Supplemental data in the forms of household and neighborhood observations, census data, crime and other relevant statistics were also gathered in order to provide further contextual information. In this chapter, I provide an overview of the research design, research site (focused mainly on housing and neighborhood structures), sampling strategy, data collection process, and data analysis procedures adhered to while conducting the present research project. To conclude, I provide a note on reflexivity wherein I discuss my role as a researcher, advocate and friend and some of the challenges that I faced while conducting this research.

Research Design

The research design for this study entails qualitative research methods combining interviews, ethnography and a utilization-focused program evaluation (Patton 2002). In addressing the purposes of this study (as outlined in the introductory chapter) the research design was set up to evaluate housing and neighborhood hardships and the corresponding strategies employed by at-risk families as well as an assessment of the actual and potential role of legal services in addressing these needs. This particular approach to the program evaluation was chosen because the staff and funders of the program were most interested in understanding **why** the program is effective. As a researcher, I was interested in why legal services were different

from other available approaches/resources and what made it more or less effective. As a utilization- focused evaluation, the goal of the evaluation was to assess the process and implementation of the program (Patton 2002). Therefore, the research was based largely on understanding how and why the program was effective rather than to establish a need for MLPC services or to evaluate the effectiveness of the program. The findings herein may be useful in future research endeavors that seek to provide a needs-assessment or impact analysis, if the MLPC program administrators so desired to pursue such goals. The information gathered herein has been given to the program administrators and is expected to be useful for the program in attracting funding and deciding on best practices based on the experiences of clients and non-clients alike.¹

The respondent accounts and descriptions from the interview data proved to be the most important facet of this research as it produced invaluable information that was used to extrapolate themes about housing and neighborhood hardship, coping and management strategies and impressions of legal services. Observations of respondents' homes and in the neighborhood enhanced my understanding of the problem under investigation by providing contextual clues and relevant information that helped pull together the various factors implicated in the web of poverty. The multi-layered contextual approach applied in this research is a slight (but

¹ The research agenda was largely influenced by my role as a graduate student. The MLPC staff members were especially supportive of the fact that I needed to complete my dissertation project and they allowed me to set the research agenda and decide on the main focal points of the research and how the research would be conducted. Therefore, the influence of the program with respect to setting out the research plan and results was secondary in nature compared to making sure that I completed my dissertation project to meet the specifications of my discipline of training as well as the approval of my dissertation committee.

important) deviation from traditional urban ethnographies as it considers residential context more broadly than merely the neighborhood. The program evaluation was an excellent opportunity to provide a service to a program with good intentions and an innovative approach to legal service delivery that seeks to reduce health disparities among disenfranchised families. It is also one of few outlets to evaluate the impact of legal services rendered to a segment of the population that rarely has the opportunity to seek and benefit from those services.

Research Site

The Dorchester Neighborhood of Boston, Massachusetts presented a fitting opportunity to pursue the purposes of this study (see introductory chapter). As one of the largest cities in the United States, Boston features many of the social and economic issues prevalent in other urban areas around the country particularly in inner-city neighborhoods such as Dorchester.

Dorchester is the largest and most ethnically and socio-economically diverse neighborhood in Boston. Yet, Dorchester is marred by residential segregation based on race and socioeconomic status as well as a high prevalence of crime that is perpetuated by a barrage of negative media coverage. Moreover, throughout Boston there is a shortage of affordable housing units resulting in many low-income families struggling to meet their housing expenses in a largely older and poorly maintained housing stock, most of which is located in Dorchester (and also Roxbury). Consequently, Dorchester residents are more likely to experience harmful conditions in the home, which contributes to a lower quality of life overall and specifically also

to health disparities in, for example, childhood asthma, lead poisoning, obesity and mental health outcomes (Boston Public Health Commission, 2002).



FIGURE 1. Map of Dorchester, MA

Source: http://en.wikipedia.org/wiki/Dorchester,_Boston.

Last Accessed on July 30, 2009.

Housing Hardship: Affordability, Stability and Quality

Boston is well recognized as one of the least affordable cities in the United States (National Low-Income Housing Coalition, 2004). Housing costs

in Boston and throughout Massachusetts have increased dramatically over the last decade, thus significantly contributing to the housing affordability crisis for many residents, particularly renters. According to figures cited in the Greater Boston Housing Report Card, the median advertised rents for a two-bedroom in Dorchester between 1998 and 2005 increased from \$800 to \$1,200 with major increases occurring between 1998 and 2001 (61.9% change) and decreasing from 2004 to 2005 by 7.7 percent.² While Dorchester remains one of the more affordable neighborhoods in Boston, the upswing in fair market rents over the years has made it increasingly difficult for low-income families to afford local rents and allocate 30 percent or less of their income of housing expenses. To put this in perspective, the median income in the city of Boston in 2004 was \$45,892 (\$61,333 in the Boston primary metropolitan statistical area) yet a full-time minimum wage earner makes \$11,000 a year and a family of three receiving Transitional Assistance to Families with Dependent Children clears \$7,000. For the latter groups, housing affordability is a major concern. Whereas Bostonians who earn the median income can afford to pay up to \$1,850 a month on housing, many low-income households are shelter poor (for overview of shelter poverty, see chapter 3, page 45).

Stone (2002) found that one in four households in Massachusetts experienced a housing affordability problem in 2000. The author extended his work to explore shelter poverty among households headed by people of color and found that shelter poverty impacted 55 percent of Latino-headed households, 42 and 39 percent of Black and Asian-headed household,

² Dorchester was significantly impacted by the housing market crisis and foreclosures. In fact, several respondents in the study were forced to evacuate their homes due to property foreclosures.

respectively. Households headed by a person of color were twice as likely to be shelter poor compared to headed by Whites (Stone 2006). Stone states, “by far the most extensive and serious housing needs of Massachusetts households of color are among the very low income renter families with children. Statewide, 58,000 Latino, 39,000 Black and 21,000 Asian American renter households are shelter poor. They have a median income of little more than \$12,000. Over half are female-headed households” (Stone 2006, p. 8). Data from 1998 (the most recent data available to my knowledge) indicate that nearly 50 percent of Massachusetts renter households allocated 30 percent of their total household income to housing expenses. An additional 25 percent of Massachusetts residents pay 50 percent of their income toward rent. Among low-income renters, 39 percent allocate more than 50 percent of their income to housing costs. As stated previously, housing affordability difficulties may result in renter evictions, mortgage foreclosures and, for some, homelessness. Among Boston’s homeless population, families with children are the fastest growing group. In 2004, an estimated 10,500 families, including 20,000 children were homeless.³ Up 33 percent from the early 1990s, Massachusetts’ family shelters were only able to accommodate half of these cases.^{4,5} While housing quality problems are typical among low-income renters, only six percent of poor renters in Boston in 1993 reported living in physically deficient housing and seven percent said they doubled-up and lived in overcrowded homes (Daskal 1998). Nevertheless, affordability constraints in housing also restrict which neighborhoods low-income families can attempt to afford to live

³ Citizens’ Housing and Planning Association. *Affordable Housing Guidebook for Legislators*. 2005

⁴ Friends of Boston’s Homeless. 2004 City of Boston Homeless Census: Homeless families Increase Dramatically.

Available at <http://www.fobh.org/census.htm>

⁵ This may be a result (though seemingly indirect) of the impact that welfare reform has had on creating more income-insecure, thus housing insecure families.

in, thus the concentration of poor (people of color) in neighborhoods such as Dorchester.

Neighborhood Hardship: Demographics, Segregation, Health Disparities and Crime

Dorchester is the largest neighborhood in Boston. It spans an area of over 9 miles and is comprised of four zip code areas. Dorchester is typically split between North Dorchester and South Dorchester, each area encompassing distinct demographic profiles and unique social and economic characteristics from one another and also from the city and state. As evidenced by Table 1., there are several demographic differences between residents within the Dorchester neighborhood- north and south Dorchester as well as between Dorchester and the city of Boston and state of Massachusetts, respectively. By comparison, Dorchester residents are more likely to be immigrants and belong to a racial or ethnic minority group, live in a more densely populated setting, earn less than the state or city median income and have an income below the poverty line. The neighborhood of Dorchester is marked by other important difference in patterns of neighborhood segregation, crime and health.

Residential Segregation

Boston has historically been a racially segregated city and segregation between racial and ethnic groups in Boston continues today (McArdle 2003). As a whole, the minority population constitutes nearly 48% percent of the total population in Boston. A growing immigrant population has contributed to the increasing diversification of neighborhoods and the establishment of ethnic enclaves throughout the city.

Table 1. General, Social, Economic and Household Characteristics

		North Dorchester	South Dorchester	Boston (City)	Mass. (State)
Population	<i>Total Population</i>	25, 057	24,548	50,781	33,618
	<i>Density/sq. ml</i>	19,572	14,392	16,173	10,812
Age	<i>% < age 18</i>	35%	27%	31%	28%
Race	<i>White</i>	5%	42%	21%	35%
	<i>Black</i>	75%	26%	60%	30%
	<i>Hispanic</i>	19%	10%	12%	16%
	<i>Asian</i>	<1%	14%	6%	11%
	<i>Minority Pop</i>	99%	60%	81%	70%
Immigrant Population	<i>Asia</i>	2%	32%	14%	30%
	<i>Europe</i>	1%	13%	5%	12%
	<i>Latin America</i>	86%	31%	72%	28%
	<i>Other</i>	10%	24%	9%	30%
	<i>Immigrant Pop</i>	21%	33%	29%	33%
Single Parent Households		30%	16%	27%	23%
Median Household Income		\$27,211	\$40,021	\$36,025	\$35,513
Unemployment Rate		10%	7%	9%	12%
Poverty Rate		27%	16%	15%	24%
Housing Charac- teristics	<i>Renter Occupied</i>	77%	63%	75%	72%
	<i>Owner Occupied</i>	23%	37%	24%	28%
	<i>Vacant</i>	9%	5%	5%	6%
	<i>Med. Gross Rent</i>	\$592	\$780	750%	\$731
	<i>Med.Home Value</i>	\$154, 300	\$170,400	\$163,000	\$151,400
	<i>HousingDensity</i>	7,690	5,152	6,785	3,884

Source: 2000 Census Data for North Dorchester, South Dorchester, Boston (City) and Massachusetts (State).

Even so, racial and ethnic minorities in Boston, immigrant and native-born alike, are mostly concentrated in Roxbury, Mattapan, and Dorchester.

Though physically bordered by Roxbury (NW) and Mattapan (S), Dorchester is the most ethnically and socio-economically diverse of these neighborhoods, though it remains quite segregated. Segregation in Dorchester is not limited only by geographic boundaries or demographic characteristics but also in matters of health and crime.

The Legal System: Crime, Racial Disparities and Legal Services

While violent crime in Boston has decreased overall, crime rates for Dorchester have increased over the past five years, suggesting a disparate distribution of crime throughout the city. Crime statistics from the City of Boston Police Department indicate an above average amount of assaults, burglary, larceny and robbery, among other crimes, occurring in Dorchester. The public sentiment is consistent with this fact. The *Dorchester Reporter*, a neighborhood newspaper, recently featured a editorial piece in which the author, Davida Andelman- a long-time resident, local community activist and director of community health programs at a Bowdoin Street Health Center exclaimed, "Gun violence might be cooling down in West Roxbury, Beacon Hill, Roslindale and other neighborhoods but not in Dorchester, Roxbury or Mattapan" (April 6, 2006).

In Boston, racial disparities are evident among African American and Latino males in police profiling and in the criminal justice system. According to a 2003 Boston Police Department Survey cited by the Boston Indicators Project Report on Public Safety, Black and Hispanic men were more than twice as likely as whites to have been stopped by police multiple times and to perceive racial profiling as a problem. The same report also cites two

additional studies, the first conducted by the Institute on Race and Justice at Northeastern University which found that racial disparities exist in 68 percent of Massachusetts law enforcement agencies and another from the 2004 Sentencing Project showing that Blacks were seven times more likely to be incarcerated compared to whites in Massachusetts in 2001. Those figures suggest that many Boston inner-city and minority residents encounter criminal aspects of the legal system. Far less, it seems, have had opportunities to interact with the civil justice system. Given the many implications of this phenomenon, including those related to health, the legal needs of many low income families in Dorchester are being addressed through the Medical Legal Partnership for Children.

Evaluating the Effects of Legal Services

This research is partly based on a utilization-focused program evaluation of the Medical Legal Partnership for Children (MLPC) based in the Department of Pediatrics at Boston Medical Center (BMC). MLPC is an innovative program that integrates legal advocacy in the clinical setting. The main objective of the program is to provide the parent or legal guardian of pediatric patients with free legal assistance to address unfavorable social circumstances and environmental hazards that, if corrected, may improve child and family health and well-being. MLPC attorneys take on cases related to housing, immigration, education, social service benefits and family law for patient-families. The medical-legal collaboration established through MLPC facilitates the identification and correction of potential barriers to child and family health. In their triage approach, pediatricians identify specific medical outcomes such as asthma and malnutrition that may result from precarious

living conditions. Subsequently, on-staff MLPC lawyers work to enforce the patient's rights to decent housing and provide other necessary services to meet the family's basic needs. In housing cases, MLPC lawyers advocate for client families in cases pertaining to eviction, transfers, hazardous conditions and housing search assistance. MLPC attorneys perform tasks such as providing information and guidance to tenants; facilitating referrals; negotiating with landlords, management companies or housing authorities; providing in-kind assistance with the cooperation of charitable organizations, shelter programs or housing providers; furnishing direct support with housing or subsidy program documents and waiting lists; and representing clients at housing authority, housing court or administrative agency appointments.

Since medical facilities are often entry points to social and community services, families often have regular, frequent contact with medical professionals, which help to develop relationships marked by trust and credibility (Zuckerman et al 2004). The MLPC program targets at-risk families by providing services at Boston Medical Center, well-recognized for its emphasis on community-based care and as "the largest safety net hospital in New England" and several Dorchester-based community health centers. As this study shows, lawyers, doctors and client-families benefit from the provision of legal services in a health care setting by helping to reduce health risks for families and children and also presenting caretakers with new strategies for overcoming barriers and mobilizing resources through legal services.

Community Health Centers: A Brief Overview

According to the Massachusetts League of Community Health Centers (CHCs), CHCs are “non-profit community-based organizations that offer comprehensive primary and preventive health care, including medical, dental, social and mental health services to anyone in need regardless of their medical status, ability to pay, culture or ethnicity [while also] promoting good health through prevention, education, outreach and social services.” Community health centers were first established in the United States under policy initiatives associated with the Economic Opportunity Act of 1964 and the “War on Poverty” and have since been supported under federal funding through the Public Health Service. The mission of community health centers has continually been to focus on meeting the health and medical needs of members of underserved communities and “populations with limited access to health care [including] low-income families, the un(der)insured, those with limited English proficiency, migrant and seasonal farm workers, individuals and families experiencing homelessness, and those living in public housing... CHCs exist in areas where economic, geographic, or cultural barriers limit access to primary health care for a substantial portion of the population, and they tailor services to the needs of the community” (U.S. Department of Health and Human Services).⁶ By incorporating the community and fostering partnerships with public and private sectors, CHCs provide access to comprehensive and culturally sensitive, family-oriented primary and preventive health care services to medically underserved communities and vulnerable populations with the purpose of improving public health, reducing the burden on hospital emergency rooms and providing needed services while

⁶ For more background information, see <http://bphc.hrsa.gov/about/>

addressing the specific health needs of the communities they serve.

The very first community health center in the United States was founded in 1965 in the Columbia Point section of Dorchester, Massachusetts. Jack Geiger and Count Gibson were pioneers in field of community health and together the two Boston-based physicians founded the Columbia Point community health center based out of 4 converted apartments in a public housing development. They set out to address the lack of health services to low and moderate-income inner city residents with a particular emphasis on conditions that contribute to poor health such as language and cultural barriers, substandard housing and limited educational and employment opportunities. By the early 1970's, nearly 100 neighborhood health centers sprang up around the country. In Boston in particular, Codman Square, Upham's Corner, Dorchester House Multi-service, Bowdoin Street and Harvard Street health centers were established through concerted efforts in community activism (Walczak, 2001). At that time, the health centers operated from small, often shared spaces, though they have since developed into larger, staple institutions in the respective communities they serve. The CHC model continues to engender the original purpose for which it was established- to meet the medical needs of high-risk, low-income inner-city residents. In Massachusetts today, CHC patients are "disproportionately low-income, publicly insured or uninsured, and are at higher risk for contracting chronic and complex diseases. In 2006, 30 percent of total health center patients had no health insurance; 39 percent were insured by Medicaid; and 31 percent were either underinsured or had coverage through Medicare or commercial insurance. Sixty-four percent belonged to an ethnic or racial minority group"

(Massachusetts League of Community Health Centers).

There are a total of 52 community health centers in Massachusetts and 26 in Boston, seven of which are located in Dorchester. The CHCs in Dorchester are spread throughout the neighborhood and attract distinct yet comparable community residents.⁷ For my study, I recruited pediatric patients at six of the seven community health centers including: Neponset, Bowdoin Street Harvard Street Neighborhood Health Center and Health Center for the comparison sample and Dorchester House Multi-Service Center, Upham's Corner and Codman Square Health Centers, which are MLPC-affiliated health centers.^{8,9}

MLPC is well connected to the Dorchester community. The program's main offices at Boston Medical Center are located near Dorchester and the program also operates in three affiliated neighborhood clinics in Dorchester offering weekly legal clinics and referrals at each of the following sites: Dorchester House Multi-Service Center, Codman Square Health Center and

⁷ While the majority of CHC patients live within close proximity to the clinic, patients may also be former Dorchester residents that continue to seek services despite having moved or others that simply prefer to go to a particular health center. Patients who fit these criteria were not included in my study with the exception of MLPC families who moved out of Dorchester after receiving services.

⁸ I chose to omit recruitment at Geiger Gibson Health Center (GGHC) because it is located in an isolated part of Dorchester which borders South Boston. GGHC tends to attract a select population of Dorchester and South Boston residents and caters to a large student population due to its proximity to University of Massachusetts- Boston. While Geiger Gibson Health Center was omitted from this study as a recruitment site, the health center is historically significant. In recognition of their contribution to community health, the former Harbor Point community health center still stands and has since been renamed Geiger Gibson Community Health Center after Jack Geiger and Count Gibson, founders of the community health center model in the United States.

⁹ All but one of the CHCs in Dorchester is affiliated with Boston Health Net, a network of health care facilities associated with Boston Medical Center and Boston University Medical School. Bowdoin Street Health Center, the exception, is affiliated with Beth-Israel Deaconess Medical Center and Harvard University Medical School. The *Health Centers Consolidation Act* merged community-based primary health care programs under one authority in 1996, making it possible for the affiliation between these community health centers, area hospitals and universities.

Upham's Corner Health Center. In 2005, when the research process began, the community health clinics accounted for 34 percent of all MLPC cases. In addition, 57 percent of all MLPC clients reside in a Dorchester zip code. MLPC clients report housing issues to the largest extent, constituting nearly one-third of all cases alone or in combination with other presenting problems.¹⁰ Fifty nine percent of all housing cases as a primary problem are from Dorchester residents.¹¹ Given the prevalence of Dorchester residents in the MLPC program and among clients with housing-related problems, it seems well suited to conduct a study based on the Dorchester neighborhood and its residents.

The treatment (MLPC) and comparison (non-MLPC) sites were paired by geographic location and demographic composition of community residents and patients. For instance, Neponset Health Center and Dorchester House Multi-Service Center are both located in North Dorchester and draw from mostly long-term whites residents and Vietnamese immigrants living in the area. The residents in this area tend to be better-off economically, health-wise and the housing structure is mostly comprised of single-family or triple-decker owner-occupied homes. Bowdoin Street Health Center and Upham's Corner serve adjacent communities comprised of Cape Verdean and Hispanic immigrants as well as a smaller group of African Americans who tend to be lower-income, speak English as a second language and the housing stock is varied, consisting of subsidized multiple unit buildings and triple-decker homes. Codman Square and Harvard Street Health Centers serve the

¹⁰ Other problems include immigration (28%); family law (21%); education (8%).

¹¹ Figures are not available for clients who also have a housing problem in combination with another primary problem, although these clients will be part of the sampling frame.

predominantly black section of Dorchester comprised of African Americans and black immigrants from the Caribbean and continental Africa.

Methods and Procedures

Sampling and Recruitment

The study sample consists of two purposively selected groups of low-income Dorchester families whose children are also pediatric patients at community health centers in Dorchester. The first group of participants consists of pediatric patient families at Boston Medical Center or MLPC-affiliated community health centers in Dorchester. These respondents received legal assistance through MLPC to address one or more housing issues within an eight-month period (February 1, 2007 through November 31, 2007). Respondents in the treatment group (MLPC participant families) were required to fit the following criteria:¹² a) currently live or lived in Dorchester during the time of service and for at least 12 months; b) have reported a housing problem; c) have accessed MLPC services through BMC or one of the three Dorchester community health clinics; and d) have received services for a case that initiated between February 1 and November 31, 2007.¹³ The fact that the cases were closed at the time of the interview provided a decisive opportunity to assess the impact of legal services on housing and health conditions for participating families. The comparison group is comprised of families who receive pediatric care at one of three non-MLPC affiliated health

¹² Household income information was not explicitly solicited as MLPC clients are all at or below 200 percent of the poverty line.

¹³ Selecting families during a set period of time will allow me to evaluate the experiences of families who follow through with the process and those who fall out. Using this approach will improve my understanding of the reasons why families are motivated to continue with the process and also comprehend the factors that contribute to why families, when given the opportunity, are unable to realize the anticipated results through legal services.

centers in Dorchester. Each eligible in this group family fulfilled the following recruitment criteria: a) lived in Dorchester; b) had at least one child that regularly visits the respective community health center; c) identified a housing problem; d) household income did not exceed \$30,000 (were basically within 200 percent of the poverty line); and e) were not currently nor in the past received MLPC services. Like families who participate in the MLPC program, respondents in this group live in Dorchester, have one or more housing issues and are low-income. The main difference is that respondents from this group do not have access to legal services through MLPC and as I have learned from the interviews thus far, few of them have ever even considered, no less used, legal services of any kind at present or in the past.

There are several benefits to using this sampling strategy. First, the families are comparable in many ways including that they live in the same neighborhood and similar housing. The fact that the families will be recruited from pediatric departments at community health clinics suggest that the caregivers are invested in their children's health and may therefore be motivated to address housing issues that may jeopardize their well-being. These families also use resources close to home but may have limited access to legal services in their community due to minimal neighborhood resources (particularly legal) in Dorchester.

The recruitment methods differed between the treatment and comparison groups though the sample was split evenly between both groups. For the comparison group, I personally recruited pediatric patients at three community health centers in Dorchester: Bowdoin Street Health Center,

Neponset Health Center and Harvard Street Neighborhood Health Center. Each site provides family-centered care and caters to their diverse patient populations with between 30 and 40 years of experience. At each site, I talked to families in the waiting areas, tell them about the study and ask them to fill out a 10-question screen that will determine their eligibility for the study. Upon establishing eligibility, I asked to set up an interview with the primary care taker in the family's home within a week of meeting the respondent and usually confirmed the scheduled interview date. I successfully conducted 36 interviews with 12 respondents from each site of the three sites in the comparison group. Once I got clearance from either the board of directors or the IRB in the case of Bowdoin Street health center, it took me approximately 4 weeks to recruit and interview the 12 study participants at each site, with the exception of Neponset Health Center.¹⁴

Data Collection

The data collection period lasted sixteen months and entailed qualitative research methods primarily based on interviews as well as household and neighborhood observations. Preliminary investigations were conducted less than a year prior to collecting the data in order to inform and guide the direction of the research project.

Preliminary Findings

¹⁴ I had particularly hard times recruiting patients that were eligible for my study at Neponset Health Center because this clinic draws in many patients that are former Dorchester residents who currently live in nearby suburban areas (Quincy, MA for example is just across the bridge off of a major highway that leads directly to Neponset Avenue). Also, many patients at did not report housing hardships and many were above my income cut-off and earned over (many times, well over) \$30,000. I did my initial recruitment in November and December of 2006 and returned in April 2007 to complete recruitment and finish interviews with respondents from this site.

Prior to collecting data for this study, preliminary investigations were conducted in October 2005 involving two focus groups of MLPC clients- ten respondents in total. The purpose was to explore relevant themes among participants that had between two and six years of experience with the program that would later inform the interview guide. Though the focus-group respondents had more experience than typical MLPC clients, their extended interactions with the program allowed participants to discuss in greater detail several significant factors such as their perception of the program's legal service delivery process and the respective outcomes that surfaced as a result of MLPC participation. Respondents felt that when MLPC lawyers are present, they get better results when dealing with schools, social workers and government agencies and that the attorney's credentials help to legitimize problems and ease the process. Nevertheless, barriers such as lack of affordability had prevented some from seeking legal counsel for their issues. One parent suggested, "With 3 kids, who can afford a lawyer?" Another stated, "*Good* legal advice is certainly not cheap." Participants had the following impressions of attorneys, "most pro bono lawyers don't care about you" and "legal aid attorneys are overwhelmed and have less experienced personnel." In describing the difference between [MLPC] and other attorneys they said the following, "Other lawyers would give you assignments to do, [they] wouldn't go with you. [MLPC] is different." Another said, "It's different having a lawyer who is working for you, not the system that you're trying to get help from." About [MLPC] working within a clinical setting, one respondent said, "I probably wouldn't trust [legal services provided in another setting] as much." Finally, many agreed that, "[MLPC] is like having a private lawyer for free."

Based on the themes that emerged from these focus groups, my interview guide focused on factors that promote or prevent families from accessing legal services such as lack of affordability and impressions of as well as previous experiences with attorneys particularly in comparison to other local institutions. Interviews with MLPC clients provide a unique opportunity to understand the benefits of working with an attorney for families whose interactions with the civil justice system are limited and often tainted by poverty, disparities in the criminal justice system and interactions with social services.

Qualitative Interviews

For this study, I conducted 72 in-depth interviews with the parent or legal guardian of pediatric patients residing in Dorchester. The interviews were conducted in the respondent's home and focused on the families' health, housing conditions, neighborhood issues, coping strategies, perceptions of the legal system and their use of legal services. Interviews are well suited to capture beliefs and perceptions as well as uncover processes and mechanisms in a comprehensive way while addressing various topic areas in a conversational format. However, since the interviewing process is time-consuming, this method is rarely representative of all cases, nevertheless I did endeavor to select cases that reflect the demographic composition of Dorchester as well as the specific issues that Dorchester residents face.

The interviews were generally conducted in participants' homes, except in cases where this was not possible, in which case they were conducted in

restaurants and coffee shops. This occurred only four times, each for different reasons but mostly due to privacy or safety concerns. The interviews lasted between 45 minutes and 3 hours, though most were completed within 90 minutes. As an incentive to participate in the study, respondents were given \$25 in cash before beginning the interview. I also created a brochure that provided further information about the study and the researcher and also listed the contact information for local service providers render legal, housing and utilities assistance, shelter placements and domestic violence resources. All interviews were digitally recorded and transcribed.

As I learned, one of the most important components of the interview process was to develop a partnership between the interviewer and interviewee. Weiss (1994) suggests that this relationship helps both parties to work together toward obtaining useful and relevant information. The subject's task is to share his/her "internal and external experiences," thoughts, feelings and attitudes as dictated by the research questions (73). As the interviewer, I was responsible for outlining the objectives of the interview (and the overall study) and managing the quality of the information received from interviews while conveying a genuine interest in the respondent's ideas and opinions and maintaining a neutral and nonjudgmental stance (Patton 2002). I took this responsibility quite seriously as noted in the reflexivity section in this chapter.

Protocol- I developed a semi-structured interview protocol that outlined the general topic areas to be covered during the interview and served to guide the interview process. The interview guide was constructed so as to be conversational, in order to allow for depth and breadth about the subjects'

experiences and enhance the interviewer-interviewee relationship. I asked questions phrased in the past, present or future tense in order to capture direct experiences rather generalized accounts (Weiss 1994). I also asked open-ended questions falling within the following categories: behavior/experiences; opinion/values; feelings; knowledge; sensory and demographic/background (Patton 2002). The guide consisted of main questions, probes and follow-up questions (Rubin and Rubin 1995). The main questions structured the interview and covered main topic areas such as health, neighborhood challenges, housing hardship, experiences with and perceptions of lawyers and legal services (for respondents in the MLPC group this section included questions about their participation in the program) and expectations for the future. Probes and follow-up questions were also incorporated in the protocol, though they also surfaced intrinsically throughout the interview process. Probing questions provided “detail, depth and clarity” by allowing respondents to complete, elaborate and clarify the details of some activity, experience or particular incident (Patton 2002). Follow-up questions were used to identify relevant actors, discuss responses to events and make explicit non-verbal indications that occurred during the interview but would not be evident in the transcription process as well as to explore topics and themes that emerged spontaneously (Weiss 1994). Overall, a very flexible approach was taken during the interview process with regard to how the questions were asked and their sequence to ensure that the respondents understood and felt comfortable answering the questions presented in the interview.

The interviews focused on family’s adverse housing and neighborhood conditions, coping strategies, perceptions of the legal system and for

respondents that participated in MLPC, use of legal strategies. I inquired about respondent's perceptions of housing quality and conditions such as crowding, hazards, structural inadequacies, rodents, heat and water as well as housing stability and affordability by estimating housing costs in relation to total household income and how many times they had moved in the past five years. Respondents were asked broad questions about their neighborhood and to discuss pertinent feelings related to neighborhood safety. MLPC participants were asked about their experiences with the program and their perception of the short term and long-range benefits of their participation in the program. This line of inquiry served the dual purpose of an evaluation of MLPC services as well as an assessment of the potential for legal services to address housing problems. Families not participating in the MLPC program were asked about the ways in which they have handled their housing challenges to get at strategies employed by the respondents. All respondents were asked about knowledge of and access to legal services, past experiences with the legal system and any expected benefits or drawbacks of using legal strategies. A short survey with questions related to basic background information such as income, age, race, immigration status, family structure and housing and neighborhood tenure was administered at the end of each interview. Toward the end of the data collection period, I was able to anticipate how the respondent would respond to certain questions and felt comfortable with having reached a point of saturation wherein I was no longer hearing or seeing new information (Glaser and Straus, 1967).

Data Analysis

I followed the procedures outlined by Creswell (2003) for qualitative data analysis which involve a) organizing and preparing the data for analysis, b) acquainting oneself with the data through varied analyses and comprehensive coding, c) probing for emergent themes, d) representing the data and e) interpreting the overall meaning of the data. I used this systematic approach to manage and make sense of data based on interviews and field notes.

In the first step of managing the data in preparation for analysis, I kept a single document with field notes based on my neighborhood observations while in the field. Here, I described the events that I witnessed, the actors involved (and absent) and the significance of the fieldwork with respect to my understanding of the neighborhood or particular phenomenon. I also categorized the interviews notes written after each interview and attached these notes to interview transcriptions.¹⁵ I used a “zigzag” approach wherein I regularly and repeatedly collected and analyzed data through an iterative process that allowed me to develop the interview guide and get the best possible data in preparation for final analyses (Creswell et al 2002). Secondly, I familiarized myself with the data by reviewing it and considering its overall meaning. In implementing this procedure, I inquired about participant’s views, the manner in which ideas are expressed (tone) and the overall “depth, credibility, and use of the information” (Creswell 2003: 191). The following step calls for an elaborate coding process wherein I a) organized the data into

¹⁵ I used two transcribers to transfer the audio components of the interviews typed transcriptions. For interviews conducted in Spanish, the transcriber simultaneously translated and transcribed the interviews.

discrete topic areas and meaningful categories, b) labeled these concepts and categories using concise descriptions or *in vivo* (respondent's language) codes and c) grouped similarly themed categories. I began the coding process by highlighting short descriptions and summaries after most paragraphs in the text using Microsoft Word. One of the transcribers also served as a second coder for reliability and validity purposes. Continuing this inductive analytic strategy, I began the interpretation process by summarizing the data and organizing and integrating observations into separate sections. This process yielded emergent themes that surfaced from the data and allowed me to explore emergent themes and develop hypotheses. This process was facilitated by the use of Nvivo (version 7), a qualitative software program which facilitates the systematic analysis of data and assists in the process of categorization and coding, developing themes and organizing data segments (Creswell et al 2002). In this dissertation and related publications, I present my findings as part of a narrative framework using direct quotes and summary to convey salient lessons learned from the data and drawing connections between themes and offers varied perspectives of events, processes and outcomes and lead to general and policy-relevant conclusions.

Supplemental Data: Observations, Census and Crime Statistics

Observations- I conducted home and neighborhood observations in order to better understand the environmental context in which the study respondents (and similar families) live and operate. During the in-home interviews, I asked respondents to demonstrate the housing problems that they had identified, particularly those related to substandard housing conditions and poor quality. In the neighborhood, I examined aspects of

neighborhood quality such as amenities (institutions, civic life and social activities) and the environment (condition of buildings, evidence of vandalism, loitering, dirt, and noise), which involved rudimentary community mapping techniques. Throughout the sixteen month data collection period, I methodically conducted numerous neighborhood observations involving walking and driving around all parts of Dorchester, going to community events and church services on weekends and attending community meetings nightly during weeknights- most times bouncing to more than one neighborhood association or neighborhood crime watch meeting in the same evening. I jotted some of these observations and eventually entered them as field notes that would later serve to remind me of key moments and places.

Most of my field note entries were related to the formal and informal organizational neighborhood structures in Dorchester that involved locally established neighborhood associations or civic groups, norms involving crime and deviance, and government and enforcement via local politics and the police. The neighborhood associations were often times long-standing organizations (some in existence for as long as 75 years) that were historically associated with local catholic parishes. As of this writing, there are approximately 35 active neighborhood associations in Dorchester including local business development associations also known as main street initiatives, crime watches and other special interest groups.^{16,17} Most of these civic

¹⁶ This figure is based on listings in the Dorchester Reporter, <http://www.dotnews.com/civics.html> and Social Capital Incorporated <http://www.scidorchester.org/taxonomy/term/58>. I attended most of the meetings at least once but I went to a few of them two or three times to get a flavor of the organizations and make sure that I was noting consistent organizational patterns within and across the groups.

¹⁷ While in the field, I was personally involved with several community based organizations as well as various groups advocating for and against multiple causes. I attended meetings and other gatherings as a way to understand the neighborhood, build contacts with active community members and become familiar with causes of interest to neighborhood residents. As part of these efforts, I was heavily active

groups have a monthly meeting where matters of local interest are discussed. Oftentimes, these neighborhood association meetings featured a meaningful exchange between community members, politicians and police officers. The community members that attended and formed the leadership of the civic groups were overwhelmingly older, often home-owning residents that tended to be white even in overwhelmingly minority sections of Dorchester. During the meetings, community officers from local police precincts (affectionately referred to as “Officer Friendly”) would report criminal incidences in and around the respective district that occurred since the last meeting. Depending on the area, the incidents would range from traffic enforcement to robbery, homicides and drug arrests. The police officers would regularly urge residents to call and report various incidents. The residents would respond and insist that the police ensure their safety by requesting more police presence as a deterrent of crime. Local political representatives (city council members and local legislators) would themselves attend or assign an aide from their office to the meetings. However, the politicians were more likely to personally attend the larger, more organized groups, allowing local residents in these areas to have direct access to elected officials and holding them accountable for meeting the needs of their community.

The home and neighborhood observations that I conducted were useful in interpreting the accounts and circumstances of the study respondents. This differs from a traditional ethnography in that these observations were not

in a newly formed group based out of one of the community health centers in the comparison group that was promoting better food options in the neighborhood surrounding the clinic. I took on a leadership position in the group and helped organize meetings and community events that emphasized healthy food options, locally-grown produce and making healthier food available at local grocery stores. I was part of the group for about six months before having to part ways upon leaving the field.

central to the analysis but helped contextualize the findings from the interviews. As a researcher, this approach helped me to personally identify housing problems that were visually observable such as mold, rodent issues, poor maintenance, etc and also to positively reference neighborhood places, events, community members and the like. Doing so allowed me to document these facts firsthand and also establish an insider knowledge base as a “quasi-local” Dorchester resident.

Census and Crime

As reflected throughout this chapter, I have used secondary data from the census for demographic information on general, social, economic and housing characteristics of the Dorchester area and its residents. In addition, I have also featured crime statistics made available through the Boston Police Department to assess the types and degree of crime in Dorchester given that crime rates may reflect resident’s perception of neighborhood safety.

Limitations of the Study

There are several limitations to this study. First, it does not assess alternative legal resources used by or available to Dorchester families other than the legal services provided by MLPC. Analyzing people who had accessed alternative legal resources would have provided a comparison of the various legal outlets available and/or used by low-income clients. It would have also provided a different lens into how families come to develop and use legal strategies on their own or referred by others in their social networks. Second, there is a strong and interesting gender component to the legal experiences of disadvantaged men and women that this study does not

capture. As stated in the legal system section, minority males are disproportionately targeted by the criminal justice system, yet I mostly interviewed women, with the exception of two males who were the primary care takers of their family. One of the basic assumptions yielding from this fact is that men have more opportunities to engage in the legal system, albeit on the criminal justice end. Comparatively, women are less likely to contend with the criminal justice system. Thus, the criminal justice system here represents the most “tangible” form of law available to disadvantaged group members and in this capacity women are deprived of opportunities to interact with the law, except in supportive or helping roles involving their male counterparts. This aspect of engagement with the law influences the legal consciousness of disenfranchised men and women differently but because I did not evaluate men in this study in a systematic way, I was not able to compare the legal consciousness of men and women fairly in order to determine how they differ. Finally, I am focusing primarily on housing related cases for which families receive legal services. Housing is just one of several motivations for seeking legal help among low income families along with, for example immigration and family law issues. Indeed, the majority of MLPC clients present multiple issues with housing being the most prevalent as a primary and accompanying problem. Still, other legal issues are also important have impact the lives of the poor variously. Moreover, I did not distinguish between people in different forms of housing, for example comparing respondents living in housing projects versus Section 8 housing versus private housing. The overwhelming majority of respondents lived in subsidized housing but the analysis does not make a point of comparing the conditions and challenges that may be salient and comparable across housing types.

Strengths of the Study

One of the major strengths of the study is the research design. The study sample consists of two comparable groups that differ most saliently in their access to MLPC services through their given Dorchester-based community health centers. Both the treatment (MLPC) and comparison (non-MLPC) group respondents were low-income Dorchester residents that had one or more housing issues. This design provided a decisive opportunity to assess the impact of legal services on housing and health conditions for participating families *both* for people who had received legal services and for those for whom this opportunity was unavailable. Secondly, this study design improves upon previous studies that consider the universe of legal needs among the poor (Curran, 1977), specific legal problems (Sandefur 2007) or housing or neighborhood-related health problems (i.e. Evans 2004; Kawachi and Berkman 2003) because it examines these issues in tandem with group members that are at risk of the negative impacts of health disparities in particular. Third, the recruitment of respondents was facilitated by obtaining respondents through health care facilities and by my personality characteristics as a researcher. I recruited respondents directly in the waiting areas of community health centers for the non-MLPC sample. Having done so gave me access to a “captive audience” in the sense that parents were waiting for an indefinite amount of time. I found it easy to approach parents and their reception to me was often inviting and/or conforming given that in clinical setting patients are often approached by clinic personnel to inquire about various aspects of their lives, at times in connection with additional medical and/or non-medical services. Therefore, I benefited from the fact that many study participants initially thought of me as a clinic employee or some kind of

social worker or patient advocate. While I did not hesitate to disclose my status as a student and researcher though, I did feel that having identified myself solely as a student had less purchase, so I often introduced myself as a researcher and if asked would talk about being in the process of finishing my doctoral degree. Many people understood and made further inquiries about the process and some were even interested in the publications that would come out of this work.

THE RESEARCH PROCESS: PERSONAL REFLECTIONS

The following section presents accounts of my personal experiences as a researcher in the field that involved my living circumstances, personal relationships with respondents and advocacy while in the field.

Researcher's Personal Housing Hardship

I lived in Dorchester during the time of data collection for a total of 14 months between August 2006 and October 2007 and traveled for weeks at a time until December 2007. I chose to share an apartment in Savin Hill because it had a reputation as a safer neighborhood in comparison to other parts of Dorchester and also because there happened to be several postings on craigslist.com as many students choose to live in this neighborhood given its proximity to University of Massachusetts-Boston. Upon moving in, I did not realize the prestige that came along with living OTB (over the bridge) in Savin Hill. As I came to know this predominantly multi-generational white, Irish Catholic community with a census tract per capita income comparable to that of other exclusive neighborhoods in Boston was welcoming of some but not all. The large, attractive older homes, well maintained and remodeled on

windy one-way streets lined by robust trees belied the reputation of a crime-ridden Dorchester. However, the tranquility and safety of this neighborhood was not guaranteed to all residents, as I can personally attest to.

There were several instances of vandalism of my personal property which led me to eventually terminate my lease early and begin the process of moving around from apartment to apartment during the last five months of my stay in Boston. The first incident involved a parking dispute and saliva. My small car was parked in a rather large parking spot for about one hour one evening and during that time; I received a notice on my car windshield stating that I should “park up.” The bonus was a series of spit blotches on the driver and passenger side windows of my car. My Vietnamese neighbor also received a similar notice sans the spit. I reported this incident to the police but the case was never followed up on. A few weeks later, my windshield was pierced by a round object that left a circular ring but did not penetrate the glass completely so as only to crack it. The abrasion to the glass seemed to be a deliberate act, though my landlord seemed to think that it was a rock that fell from the sky, a peculiar hypothesis at best. A few months passed without any instances of vandalism until Spring when I found a brown substance, most likely feces lodged in the key hole of my car and spread on the driver’s side door panel. I was absolutely outraged about this. I also did not want to make any assumptions about what the motives or possible culprits, though the nature and the frequency with which the incidents occurred did seem to be targeted, possibly racially motivated and executed by someone living close by. By this time, I had developed a strong rapport with a long-time resident and community leader in the Savin Hill community. I described what happened

and he confirmed my suspicion that it is very likely racially motivated. He recounted a strong history of racial tension in the area between black and white youth and said that is was probably along the same lines. He described an ongoing tension that resulted in non-white families in the area keeping their kids at home and being less active in the community than their white counterparts. In fact, after he described the on-going racially hostile situation, he made his own comments about me not deserving that sort of treatment, but the police officer who wrote up the report said it best, “but you’re a good Puerto Rican.” I suppose I had been given an honorary white status by the long-term community activist and the police officer but not by my neighbor (s). I reported the incident to the police and there was no follow-up outside of a mention of the incident in a weekly email that highlights criminal activity in the area. I could no longer take the uncertainty of my safety, so I terminated my lease agreement four months early and began my own experiences with housing instability that involved moving to two other apartments in the time span of three months.

If nothing else, the incidents in Savin Hill showed me that even when you live in a “safe” neighborhood the reception and the historical patterns of racism and segregation endemic to Boston, can lead families to be and/or feel restricted from certain neighborhoods. For racial or ethnic minorities and low-income families in general, neighbors may question how desirable they are as neighbors and determine who can and cannot live in certain areas. Families who wish to feel safe by avoiding high crime, high poverty neighborhoods may in fact experience hostility of a different sort which also effectively can lead some families to feel unsafe and uncomfortable.

My personal housing hardships helped me to get a flavor for seeking resources and social benefits through many of the same outlets that my respondents used. Part of trying to understand the plight of low-income families and the options they had before them for me entailed attempting to walk in their shoes. I did this first and foremost as a community resident but I also decided to take other measures that were commonplace for many of my families. For instance, I applied for section 8 housing and conducted housing searches like many of them are required to do in order to get affordable housing. I filed applications with several public housing authorities throughout the city of Boston and surrounding towns, as many applicants are encouraged to do in order to maximize the chances of getting a unit. I was discouraged by the prospect of being wait listed for at least four to five years and never hearing back from social service providers. These experiences coupled with varying degrees of (unmet) need led to an unanticipated role as an advocate to my subjects.

Researcher as Advocate

I spent a significant amount of time developing a good rapport the respondents in my study. Often times our relationship extended beyond the interview and I found myself in the role of advocate doing things like getting information about GED programs, finding furniture for a family who had recently moved from the Dominican Republic, accessing legal help in the case of an undocumented immigrant who had a pending child support hearing in family court and feared deportation. Finding herself in a desperate situation, she applied for and received public benefits over the course of two months because her husband was out of work and the family had no food. She and the

children's father were subpoenaed to family court for a child support hearing with the father of the US-born children who carried the same name and lived in the same address as the children.

Some of these cases were emotionally draining and I was concerned about the well being of the families. There was a case with a young mother who was living with her infant and the father of the child in a small bedroom in his mother's apartment. He worked at a local supermarket and she described the anguish of hunger that they experienced and how her boyfriend would sacrifice his meals so that she could eat because of her health condition as an anemic. On a weekly basis they would have to wait until 3pm on Fridays to eat. Without her requesting any help, I went to a local food pantry and brought over several bags of groceries containing non-perishable items. I also escorted the same young mother and another respondent who was living in a single room occupancy with her 4 year old son (they happened to know each other because their children attended the same day care program) to Project Hope for help in applying for subsidized housing. The first young lady ended up going to a shelter a little over a month after the interview and the other moved outside of the city to a more affordable apartment, which she shared with a friend. Illness and injury also led me to offer a helping hand when one respondent in particular broke her ankle and needed help preparing meals for her children and getting around to appointments when she did not have cab fare. I also helped provide information about employment for some of my respondents and their teenaged children. I acted as a translator for some of my Spanish-speaking respondents when contacting social workers at the community health centers and other local organizations.

At times, I called the MLPC attorneys for case consults on cases they could not take on, most often because the respondent was from the comparison sample. For example, there was a case where a woman who was currently living in a shelter had been evicted from BHA housing over five years ago and since the list had opened for homeless families, she applied but was concerned about her eligibility status and wanted to know how to go about the appeals process. There was another instance in which the legal guardian of an undocumented child wanted legal advice about what her options were for the minor. I consulted with the immigration lawyer at MLPC and she gave me some advice that I later shared with her. I eventually accompanied this respondent to free legal consultation around immigration offered by a volunteer lawyers association in the area.

Many of the respondents were interested in doing the interview in part because they thought I might be able to help with some of their problems. While there were some problems that were beyond my control, I did help my respondents whenever possible. In fact, early on I noticed that there were some issues for which I did not have an appropriate response when asked by respondents. I reached out to the MLPC staff and other local organizations and they were able to point me in the right direction and give me a number of resources, which I eventually put into a brochure and offered to all of my respondents for future reference (see Appendix H). In fact, there were many times when an issue arose during the interview and I was able to refer the families to an organization listed in the pamphlet that might help them or a loved one.

My personal connections with respondents were marked in large part by empathy. I made sure to treat respondents with a high level of respect and regard for sharing with me their life stories and often difficult life circumstances and I took to heart the responsibility associated with confidentiality, proper dissemination of the data and findings as well as my role as a researcher. I do not believe that my approach to the study and more importantly to the study respondents had any major negatives impacts on my work. Instead, it enhanced the quality of the interviews, so that I was able to, by validating their accounts, get richer details and more honest accounts. People trusted me because I have a warm personality, speak Spanish and could otherwise relate to living and growing up in an underprivileged environment. Yet and still, I was also viewed as a legitimate (authority) figure given that I was affiliated with various health care facilities and an elite university. The combination of my empathic approach and the markers that legitimized my role as a researcher helped me to gather high-quality information in a relatively brief period of time.

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CHAPTER 3

**LITIGATING HEALTH RISKS:
LINKING HOUSING, HEALTH AND LAW TO REDUCE HEALTH
DISPARITIES**

Abstract

Many of the endemic housing problems faced by disadvantaged families have known health risks are also “justiciable” – that is they could be resolved through litigation or mediation if barriers to using the legal system were addressed. Based on 72 qualitative interviews with clients of an innovative Medical Legal Partnership program, I present an analysis of various housing case studies where there is a health-related risk and a justiciable claim. I illustrate the outcomes of legal interventions among poor householders and show how legal framing serves in the interest of protecting health and advancing opportunities for rights claiming, with resultant improvements in housing and increases in social capital. Therefore, legal strategies could be an effective way to address widespread housing-related health-risks. Implications for public policy and innovative programming are discussed with the conclusion that programs which address housing, health and legal problems as linked can greatly serve the public interest.

Introduction

Public health is inextricably linked to the state of housing for members of disadvantaged groups. In the United States today, blacks, Latinos and the poor are disproportionately affected by disease, disability and death compared to whites and the non-poor. We know from sociological and social

epidemiological research that social determinants of health (i.e. poverty and racial discrimination) account for large and persistent disparities in health status by both socioeconomic status (SES) and race and ethnicity (Krieger et al. 2008; Williams 2005). Furthermore, housing and neighborhood conditions have been strongly implicated as significant culprits responsible for disparate health outcomes. Many of the endemic housing problems faced by the disadvantaged are in fact “justiciable” problems-- that is, they are problems which could, if barriers to using the legal system were addressed, be resolved through litigation or mediation. Legal interventions that address housing and neighborhood conditions which pose health risks for poor householders may serve to intercept and alleviate the harmful links between poor housing and poor health. Thus, the instrumental use of the law presents a plausible way to achieve the concurrent goals of improved housing and better health.

Many policy initiatives have been implemented to address the growing issue of health disparities, yet given the complex nature of health and its social determinants, some have argued that interventions aimed at reducing health disparities need to move beyond the scope of healthcare and “pay greater attention to addressing the social determinants of health within and outside the healthcare system” (Williams et al. 2008). Burris, Kawachi and Sarat (2002) propose integrating law and social epidemiology by showing how the law and legal practices are often responsible for influencing social conditions that impact various health outcomes. The authors conceptualize law as a pathway to social determinants of health by examining social cohesion, a known health indicator, with respect to three aspects of law: law enforcement and environmental hazards and negative psychosocial effects; the role of tax laws

in the perpetuation of economic inequality; and the allocation of resources based on political participation. In extension of their proposal to consider the interrelatedness of health and law, this paper is among the first to examine how the law can function as a health reformer in the context of poverty and housing, two known structural determinants of health.

To better understand how housing, health and the law are linked, I draw upon literature in the fields of sociology, public health, and law and society. Because the links between health and law have not been made explicit in the literature, a major contribution of this paper is showing how what we know from sociology and public health about the social determinants of health (i.e. various housing conditions that imperil health outcomes for poor families) can be identified as justiciable problems which can then be handled within the justice system. I present empirical evidence of this link based on an evaluation of an innovative program- the Medical Legal Partnership for Children of Boston, Massachusetts where physicians refer patients, when their health problems seem to be caused by something housing-related, to legal services which specifically help address the housing problem and which in due course reduce health risks present in the home environment via legal enforcement. I document how linking health and law can help poor families simultaneously access justice and better health by presenting interpretive, narrative evidence from families whose health prospects were successfully improved by accessing the legal system for help with housing problems. The data suggests that housing conditions and health were improved, social capital was increased and cultural norms regarding legality began to shift. Implications for public policy and innovative programming are discussed

with the conclusion that the public interest would be greatly served overall by introducing programs that address housing and health problems as linked and that provide access to legal help for justiciable housing problems. The following section summarizes literature on the deleterious links between housing, neighborhoods and health. By so doing, I lay the foundation for a subsequent discussion of the ways in which legal interventions that address particular housing problems may help intercept and alleviate harmful links between these realms.

Housing, Poverty and Health

The home environment can present significant health risks to inhabitants based on its structure, size, location and the amount of time spent at home (see Evans 2004 for a review of the environmental quality literature). Lack of affordability in housing and inadequate conditions in the home and neighborhood environments can increase risks of injury, illness and stress for parents and children alike. Housing affordability itself presents health risks as parents struggle to make ends meet, and affordability constraints often relegate families to housing of shoddier quality and offer limited neighborhood options that are more likely to contain serious health hazards.

Housing is considered affordable if it represents less than 30 percent of a family's total household income (Stone 2002). Nonetheless, one-third of American households are considered shelter poor because they allocate more than 50 percent of their total household income on housing costs.¹⁸

¹⁸ An important shortcoming of research on housing affordability is that it seldom takes into account other housing expenses that often present challenges for families such as utilities and other commodities

Disproportionate spending on housing restricts the ability of many shelter poor families from meeting other basic needs (Sard 2001) and often forces tradeoffs in other areas such as food and health care expenditures. “Food insecurity, malnutrition, and missed preventative medical care... have lasting effects on children’s health and development” (Child Health Impact Working Group 2005: 10). High housing costs may also restrict the ability of some families to secure fixed, regular and adequate residences, making them more susceptible to homelessness and housing instability and therefore at greater risk of developmental delays, anxiety, and depression as well as poor academic performance (Bassuk and Rosenberg 1990). “Doubling-up,” a common affordability strategy, involves having multiple families or non-relatives living in a single dwelling, which increases crowding in the home as well as stress and communicable-disease transmission (Evans 2001).¹⁹

Inhabitants who struggle with housing affordability are also at greater risk of exposure to hazardous conditions in their home environment (National Low-Income Housing Coalition 2001). Hazards in the home including lead, mold and excessive humidity, pest infestation, dust allergens from carpets,

that are increasingly becoming basic features of home life such as home telephones, internet access and cable television.

¹⁹ The recent subprime mortgage crisis, which had severe impacts for low-income homeowners and renters, placed many families at risk of homelessness and displacement. This housing predicament ensued as a result of the collapse of the U.S. housing market during which time many homeowners, considered to be risky borrowers with low-incomes and deficient credit histories, defaulted on mortgages marked by high interest rates and other unfavorable terms leading to massive foreclosures. The effects of the subprime crisis, though widespread, greatly affected racial and ethnic minorities as a disproportionate amount of foreclosures occurred in minority neighborhoods. Tenants impacted by foreclosures were forcefully displaced from their homes given that foreclosure supersedes the terms of any lease agreement and strips renters from the legal right to continue renting. Already vulnerable due to financial hardship, low-income renters and homeowners impacted by the subprime crisis face continued threats to housing stability as lending practices and housing regulations becomes more stringent.

beds and household furniture, drafts from windows and doors, and carbon monoxide and radon, among other conditions, are often related to poor health outcomes. Exposure to these harmful household elements has been found to be strongly correlated with high incidences of asthma, allergies and respiratory problems, poor socio-emotional health, obesity, viral infections, anemia, and stunted growth, as well as hunger, hospitalizations, educational failure rates and childhood death (Sandel et al. 1999 and 2000; Matte and Jacobs 2000, Bashir 2002, Vojta et al. 2001, Rosenstreich 1997, Lanphear 2001, Etzel 2003; Millennium Housing Commission, 2002). Children growing up under these conditions are especially at risk as they face a poorer quality of life and shorter life expectancies due to sickness and disease, which also jeopardize children's lifelong educational and economic prospects (Joint Center for Housing Studies, 2003).

Hazards in the home are often paralleled in poor urban neighborhoods. Inner-city residents commonly contend with environmental hazards including poor air quality and violence that result in an increased likelihood of asthma (Eggleston, et al. 1999); premature death (Sampson et al, 1997); adverse birth outcomes (Pearl 2001); childhood obesity (Wickrama, et al., 2006) and poor overall health (Kawachi and Berkman 2003). They also experience a greater incidence of morbidity (Diez- Roux, et al 1999); mortality (Yen 1999), and health-related racial inequalities (Williams and Collins 1995). And yet to avoid impending neighborhood danger, some mothers choose to "relegat[e] large portions of family life to the home" (Jarrett and Jefferson, 2004). While home-based safety strategies may effectively curtail exposure to neighborhood violence, staying home often can bear unintended health consequences such as

obesity due to the lack of physical activity or overexposure to harmful elements in the home that would exacerbate related health risks.

Housing, Poverty and the Law

Many of the housing and neighborhood issues that affect child and family health may represent the unlawful violation of tenant rights and are therefore justiciable. Sandefur (2008) describes “justiciable problems” as “circumstances that people experience as troubling and that raise civil legal issues.” Justiciable problems commonly pertain to money and housing. In fact, housing remains one of the most important legal problems facing the poor (Curran 1977; Daniels and Martin, 2007). Unfortunately, legal needs in housing largely go unmet for the majority of the poor (see below for more on legal disparities).

Laws governing the construction and conditions of residential properties may vary by state and municipality but most include provisions to ensure safe and sanitary home conditions that, if ignored, carry legal penalties. As an illustration, the stated purpose of the “State Sanitary Code” in Massachusetts, where this research was conducted is to:

protect the health, safety and well-being of the occupants of housing and of the general public, to facilitate the use of legal remedies available to occupants of substandard housing, to assist boards of health in their enforcement of this code and to provide a method of notifying interested parties of violations of conditions which require immediate attention.

Under mandates such as this, landlords are responsible for maintaining residential properties in a manner that complies with housing code regulations intended to ensure safe, suitable and healthy housing. Cherayil and her collaborators (2005) summarize various codes established to protect the environmental conditions of the home: sanitary codes, landlord-tenant laws, public nuisance laws, and other hazard-specific laws (such as those pertaining to lead, pesticides and smoke detectors). According to the authors, *sanitary codes* require that residential owners and landlords maintain proper kitchen facilities, hot water, adequate heat and adequate lighting; landlords are also responsible for reducing fall and fire hazards by ensuring that the property is equipped with smoke detectors (and increasingly carbon monoxide detectors), screened or guarded windows and intact stairways. *Lead and nuisance laws* deem unlawful lead exposure, uncovered radiators or electrical wires and outlets and other potentially injurious hazards. *Landlord-tenant laws* mandate that landlords adequately maintain property and provide all utilities guaranteed to the renter. Other housing laws include *fair housing laws* that bar discrimination based on race, ethnicity, religion, marital status or sexual orientation as well as *eviction laws*. Landlords may draw on eviction laws to guard themselves against tenants who, for example, do not pay rent, are destructive of property, or who otherwise do not live up to contractual agreements established in the lease terms. Nevertheless, evictions can be carried out unlawfully and tenants need protection against such acts that unfairly subject them to the law and that threaten family and housing stability through homelessness and displacement. In general, enforcement of these laws is the responsibility of public agencies that perform inspectional services and housing courts.

Tenants contesting a violation of the above laws may resort to the following legal recourses: call inspectional agencies for housing code violations, withhold rent, repair and deduct expenses from the rent, break the terms of a lease agreement and/or initiate court action. Low-income tenants living in substandard housing are not always aware of their right to a safe and healthy home. Moreover, ensuring and defending their rights to adequate housing may be challenging for some individuals as the process necessitates varying amounts of time, energy, financial resources and information, which are often scarce among the poor. As such, legal advocacy and representation on behalf of at-risk tenants may relieve the personal burdens associated with this process and may prove to be advantageous with regard to ensuring adequate housing.

Housing, Health and the Law

The legal nature of many of the housing problems aforementioned points to the potential of the law to act as a vehicle by which to secure safe, adequate and healthy housing for at-risk families. But before this is to be done, it is necessary to see how housing problems such as evictions, tenant-landlord disputes and poor housing conditions can at once be justiciable problems with associated health risks and legal remedies. Consistent with the housing problems featured above, Table 1. illustrates how housing instability and homelessness, poor habitability, housing affordability and utility hardships have been linked to specific health risks and are also justiciable. Both the health risks and degree of justiciability vary according to the nature and severity of the housing problem, which also impacts the type of legal intervention and legal tactics used to remedy the problem.

TABLE 2: Common Justiciable Housing Problems and Linked Health Risks

Common Housing Problems	Linked Health Risks	Justiciability
Housing Instability and Homelessness- (Eviction; Foreclosure-induced Displacement)	Stress, Anxiety, Depression (SAD); developmental delays; cognitive disorders and poor academic performance	Legally ensure rightful application of eviction laws; Advice on eviction procedures; Negotiation to prevent eviction; Representation in housing court for eviction proceedings
Poor Habitability- (Inadequate/Hazardous Housing Conditions)	Risk of Injury and Illness; SAD; Lead and Toxic Poisoning; Obesity; Asthma; Skin Disorders; Allergies and Respiratory Illness	Enforcement of housing code violations; Securing “reasonable accommodation” for household member(s) with chronic health condition(s) or disability needs
Housing Affordability- (Subsidized Housing and Entitlement Benefits)	Malnutrition; SAD; Risks associated with homelessness and housing instability	Legal advice and assistance with application and appeal process; Advocacy for priority placements and enforcement of fair housing laws
Utilities Hardship- (Cold Homes; Food Insecurity; Risk of housing instability)	Colds and Respiratory Illness; SAD; Malnutrition; Risks associated with homelessness and housing instability	Legal assistance with shut-off protection and reinstatement after shut-off; obtaining hardship discount; Negotiating payment arrangements of arrearages; Referrals to charitable organizations and government agencies with funding to help with utilities arrearages and emergencies
Poor Neighborhood Conditions- (Violence, Drugs, Crime, Poor Air Quality)	Substance abuse and addiction; Injury; Premature Death; Obesity; Asthma; Cancer	Involvement of law enforcement agencies; Advocacy for emergency transfers due to crime victimization; Systemic Advocacy for Environmental Improvements

Legal Remedies

In housing cases that have actual or potential health risks, legal advice and representation, mediation and/or systemic advocacy may support and

protect the interests of poor renters. Legal actors can place demands on landlord and management companies, oblige them to deal with unfavorable housing conditions, or advocate on behalf of clients for extensions that would allow families to pay back rent, in essence delaying or deterring evictions and possible homelessness. Lawyers can also advise their clients to act within the guidelines of the law and resort to legal recourses including withholding rent, deducting the cost of repairs from the rent, breaking the terms of a lease agreement and/or initiating court action. Legal representation in settings where it is not necessarily required, such as lower courts or other institutional proceedings (i.e. at schools or social service agencies) may be beneficial in addressing clients' concerns and in balancing power differentials between clients and court personnel or institutional representatives. Through mediation, attorneys can referee the interactions between the tenant, landlord, and inspectional agencies, facilitating communication and logistics between parties throughout the process while explicitly protecting the rights and interests of their clients. Lawyers can also be involved in systemic advocacy aimed at influencing policies that would advance more favorable laws to protect the interests of the poor in housing, benefits and related causes. Overall, legal intervention have the potential to positively impact low-income clients by not only helping to secure adequate housing, promoting family housing stability and protecting child and family health and well-being, but also by helping families to confront powerful institutions with more information and enhanced resources. Despite the advantages of legal representation, poor families face persistent problems accessing legal assistance.

Legal Disparities

The assertion that the law can be helpful in mitigating the relationship between poor housing and poor health is admittedly simplistic and complicated at once. The obvious claim that the law can be helpful obscures the reality that the law and legality- in the form of official codes and policies and legal action through the use of lawyers and courts- are largely un(der)tapped resources among the poor. A recent study commissioned by the Legal Services Corporation (LSC) found that a significant gap exists between civil legal needs and available services for low-income populations where an estimated 80 percent of low-income individuals go without addressing pertinent legal needs (2005). And while LSC funded programs “remain the primary source of civil legal aid for low-income Americans,” one in two poor persons seeking legal services through a publicly funded program is turned away (LSC, 2005). As a result, Marvey and Gardner (2005) state “without available legal assistance, laws that protect such basic needs as family integrity, shelter, medical care, food, and employment have become effectively meaningless for many people.” The instrumental use of the law is not only encumbered by lack of access and affordability but also barriers including a lack of knowledge/awareness of the ways in which the justice system could address particular housing problems, and cultural norms, wherein people are not accustomed to seeking legal help to remedy housing problems (Curran 1977).

Linking health and the law may in fact provide a unique opportunity for the poor to access justice and better health. While the urban poor are not accustomed to tackling housing problems with legal help, they are, however,

accustomed to accessing the public health system, which, coupled with the fact that many common health issues are caused by housing problems, makes it a potentially important point of entry for addressing housing problems. Small (2008) describes how neighborhood institutions in poor communities act as resource brokers for residents of low-income, inner-city communities. His research focuses on child care centers and he found that these sites provide useful information that help parents more effectively navigate social services and others to become aware of other community resources. Local health institutions may also operate in the capacity of resource brokers. In fact, community health centers have historically sought to provide access to comprehensive and culturally sensitive, family-oriented primary and preventive health care services to medically underserved communities and vulnerable populations with the purpose of improving public health, reducing the burden on hospital emergency rooms and providing needed services while addressing the specific health needs of the communities they serve (Massachusetts League of Community Health Centers, 2008).²⁰ As such, providing legal services within the context of community health centers advances opportunities of access to legal services while also using legal interventions to get at the root causes (i.e. housing conditions) of particular

²⁰ Coincidentally, the very first community health center (CHC) in the United States was founded in 1965 in the Columbia Point section of Dorchester, Massachusetts. Drs. Jack Geiger and Count Gibson converted 4 apartments in a public housing development to meet the medical needs of high-risk, low-income inner-city residents with a particular emphasis on conditions that contribute to poor health such as language and cultural barriers, substandard housing and limited educational and employment opportunities. By the early 1970's, nearly 100 neighborhood health centers sprang up around the country. In Boston in particular, several health centers were established through concerted efforts in community activism (Walczak 2002). At that time, the health centers operated from small, often shared spaces, though they have since developed into larger, staple institutions in the respective communities they serve. In Massachusetts today, CHC patients are "disproportionately low-income, publicly insured or uninsured, and are at higher risk for contracting chronic and complex diseases." (Massachusetts League of Community Health Centers. http://www.massleague.org/press/08_Fact_Sheet-web.pdf).

health problems. As part of this research, I am examining an alternative source of legal assistance provided to families that merges health and the law at once.

Medical-Legal Partnerships to Meet Health and Legal Challenges in Housing

The Medical-Legal Partnership for Children (MLPC) is a program that was established in 1993 that integrates legal advocacy in the clinical health care setting. The main objective of the program is to provide patients with free legal assistance to address unfavorable social circumstances and environmental hazards that, if corrected, would improve child and family health. MLPC attorneys take on cases related to housing, immigration, education, social service benefits and family law for patient-families. The medical-legal collaboration established through MLPC facilitates the identification and correction of potential barriers to child and family health. During triage, pediatricians and other medical staff members identify specific medical outcomes such as asthma and malnutrition that may result from precarious living conditions. Families are subsequently referred to on-staff MLPC lawyers that work to enforce the patient's rights to decent housing and to provide other necessary services to meet the family's basic needs. In housing cases, MLPC lawyers advocate for client families in cases pertaining to eviction, transfers, hazardous conditions and housing search assistance. MLPC attorneys also perform tasks such as providing information and guidance to tenants; facilitating referrals; negotiating with landlords; providing in-kind assistance with the cooperation of community-based and/or charitable organizations; furnishing direct support with housing or subsidy program documents and waiting lists; and representing clients at housing authority, housing court or administrative agency appointments.

The MLPC program operates from three neighborhood health centers in Dorchester, MA as well as from Boston Medical Center (BMC), a teaching hospital that offers free care to indigent patients in the greater Boston area. Since medical facilities are often entry points to social and community services, families often have regular, frequent contact with medical professionals, which help to develop relationships marked by trust and credibility (Zuckerman et al. 2004). For this reason, lawyers and client-families may especially benefit from the placement of legal services in a health care setting. The medical-legal partnership model presents several advantages for physicians and families in particular. Doctors benefit because they are trained to identify and later can access an effective outlet intended to get to the root of the health problems that they may be treating (i.e. a chronically asthmatic child who lives in a mold and rodent-infested home). In this role, doctors serve as gatekeepers (Heimer 1999). As gatekeepers, they first identify potentially justiciable problems that are presenting latent health risks to the child, parent and/or family as a whole. The doctor then refers their patient to a “legal specialist” not unlike being referred to any other specialist that might address a particular health concern. This may very well not be the typical course of action that a family in need might take in part because they may not have identified the problem as legal and may lack knowledge and information about the legal process. While of their own accord low and low-moderate income household residents may be unlikely to respond in legal ways to everyday problems with money and housing, being referred to a lawyer may increase the likelihood of doing so because the initial contact between the lawyer and client is established through a trusted actor within the context of a familiar institution, in this case a pediatrician. MLPC’s operation has the

potential to help reduce health risks for families and children and also presents caretakers with new strategies for mobilizing resources and overcoming barriers through legal strategies.

Data and Methods

This research is embedded within a program evaluation of the Medical Legal Partnership for Children in order to understand the effects of legal service provision among families that face housing problems. It involves a research design with two purposively selected groups of low-income families residing in Dorchester. This design is well suited to address the broader research questions because it matches comparable families along several dimensions, primarily neighborhood residence, having experienced a recent housing problem, and being patients at six local community health centers. Home-based, in-depth interviews were conducted in English and Spanish with the primary caretakers of 72 families. The interviews lasted 90 minutes on average and were conducted using a standard interview guide, which focused on the families' health, housing conditions, neighborhood issues, coping strategies, perceptions of the legal system and their use of legal services. The interview transcripts, interview notes, and field notes were analyzed using qualitative data analysis software to facilitate systematic data analysis and to assist in the process of categorization and coding, developing themes and organizing data segments.

My study sample is composed of a "treatment" group (or, the "MLPC group") consisting of 36 pediatric patient families that attend BMC or MLPC-

affiliated community health centers where MLPC offers weekly legal clinics.²¹ Respondents in this group initiated MLPC services to address one or more housing issues through a referral from a physician, usually the child's pediatrician, social worker or other clinic personnel that served as a bridge between the clients and MLPC services. Interviews were conducted with families whose cases were deemed closed, providing a decisive opportunity to assess the impact of legal services on the housing and health conditions of participating families.²² The "comparison" group (or, "non-MLPC group") is comprised of an equal number of families (36) who receive pediatric care at any of three non-MLPC affiliated health centers also in Dorchester. Like families who participate in the MLPC program, respondents in this group live in the same neighborhood, have one or more housing issues and are low-income. The main difference is that respondents from this group do not have access to legal services through MLPC. The data presented in this paper is primarily based on qualitative interviews with the treatment group since the majority of participants in the comparison group did not use legal interventions to address their housing problems, a phenomenon described further in the discussion section.

Interview Data

To illustrate how the law can mediate the relationship between poor

²¹ At the time this study was being conducted, these were the only locations other than Boston Medical Center, where the program is headquartered, where MLPC services were offered. However, since then, the program has expanded to include other community health centers throughout Boston.

²² Closed cases were defined as those for which a) the housing aspect of the case was resolved, b) the program could do no more to help the case or c) there was sustained loss of contact with the client. Using these criteria to establish closed cases meant that some of the families contacted to be in the study may have had an open aspect of the case in an area not related to housing. Special measures were taken to include client-families for whom loss of contact was the primary reason for closing the case including searching for updated information through medical records as well as contacting emergency contacts via phone and mail correspondence.

housing and poor health, I present 12 individual case studies associated with the six common housing problems: 1) Eviction; 2) Housing Quality and Habitability; 3) Housing Affordability; 4) Housing Subsidies and Entitlement Benefits; and 5) Utilities Hardships. For each case-study, I provide a synopsis of the case and the nature of the legal intervention followed by an interpretation of how the legal intervention served to mitigate the health risks associated with the housing problem(s) presented. As the reader will note, many of these cases involve overlapping legal needs and risks, while some include non-housing or health related legal issues with nil or limited options for legal recourse.

Eviction Protection

A major aspect of the work that is done through MLPC attorneys is encouraging housing stability and preventing evictions with interventions that help families retain their homes or housing subsidies therefore reducing health risks associated with housing instability and homelessness as shown in Kathy's case which involves a foreclosure-induced eviction.

Kathy is a 24-year-old mother of two- Kamila(2) and Jonathan(4). Jonathan is in good health but his sister suffers from severe sickle cell anemia. She receives care at Boston Medical Center for her condition. The family has had a recurrent issue with poor housing conditions and instability. In the last three years they have moved three times. In the first instance, they moved out due to several violations including rat infestation, gaping holes in the walls, a gas leak from the stove and a drug raid in the building. Under these conditions, Kathy and the family hastily moved to a small apartment that had many of the

same problems. Both times Kathy called inspectional services for the code violations but the threats did little to motivate major improvements in the conditions. Then as Kathy explained, "the house was foreclosed on and the landlord never told us anything, so we kept on getting eviction letters." Label Bank, which had possession of the property, sent several notices stating that the apartment had to be vacated within 14 days. Kathy approached Kamila's doctor about this during a routine check-up and the doctor referred Kathy to MLPC and the lawyers set a date in housing court to confront Label Bank. The lawyer was able to get Kathy "30 extra days to find a place." During this time, the MLPC lawyer also referred Kathy to the Residential Assistance for Families in Transition (RAFT) program. RAFT is a state-funded homelessness prevention program that provides financial assistance to families for various reasons including for initial moving costs such as security deposits and the first month of rent.

The additional time for which the MLPC lawyer petitioned in court, along with the financial assistance from the RAFT program, helped Kathy to have more time and resources to obtain a healthier, more decent place to live for her family. When I asked her, "has anything changed since moving here?" Kathy noted, "when we was at [Grace] Street... --you can even check her records-- like, there wouldn't be one month when Kamila wouldn't be in the hospital at least for a week. It would be like, January she'll spend one week in the hospital or two weeks. February she'll spend another two or three weeks in the hospital. Since we moved here, Kamila has yet to be in the hospital." An indirect effect of the move facilitated by the legal intervention then also seems to be an improvement Kamila's health, although why this outcome occurred is

unclear and may or may not be linked to the legal intervention.

Housing Quality and Habitability- Hazardous/ Substandard Housing

Legal advocacy can intercept some known causes of sickness and disease by placing demands on landlords and management companies to ensure that they make necessary repairs and updates to reduce health risks present in the home that contribute to emergent- or exacerbate existing- health conditions. Improvements in the home environment can in turn circumvent hospitalizations and other medical visits, pharmaceutical expenses and the costs of lost days of school and work.

Gloria, a married mother of three children – Juan Carlos (9), and two daughters Jessica (7) and Taina (14)- previously lived in a Dorchester housing development that was demolished for renovation. The family was transferred to another public housing complex in Boston. The relocation was a welcomed change since the old apartment building was rodent infested and the neighborhood crime-ridden until they realized that by comparison, the new apartment proved to be hazardous to Juan Carlos' health. After a few months of living in their new place, Juan-Carlos suddenly developed chronic asthma and eczema triggered by mold throughout the home and especially in his bedroom. Moreover, the heat did not work in the children's rooms. Gloria notified the management company who attempted to remedy the mold in the apartment by using harsh chemicals coupled with poor ventilation, which exacerbated Juan Carlos' asthma and skin condition. Gloria tried to take matters into her own hands by cleaning and painting the walls herself only to find that the mold would return and continue to spread. With more frequent visits to the clinic and emergency room, Gloria was referred to the MLPC program by Juan

Carlos' pediatrician. Together, the doctor, lawyer and social worker worked to advocate on behalf of the family. The process began with an inspection conducted by the Healthy Homes Program, which identified the mold and cold as factors that were negatively impacting Juan Carlos's health condition. The doctor wrote several letters in reference to Juan Carlos' condition and the social worker and lawyers would use that evidence to push for the family to be placed in a more suitable unit. Eventually, the Boston Housing Authority condemned the apartment on the grounds that it was an unsafe and unhealthy habitat for residents. The family was also relocated to another public housing complex in a "quiet" neighborhood. At the time of the interview, Juan Carlos' asthma and eczema were steadily improving as a result of living in a healthier environment.

In Gloria's case, the trilogy of advocacy formed by the doctor, lawyer and social worker resulted in the family's relocation from a mold and rodent-infested apartment to a more suitable housing environment with significantly less asthma triggers. Gloria cited how the team of "licenciados" (professionals) offered her moral support and encouragement at times when she felt that she wanted to give up the fight. On her own she admits that even without giving up, the results might have been difficult to achieve on her own. Melissa provides an interesting point of comparison in this regard.

Melissa and her family of six previously lived in a two-bedroom, market rate apartment that was uncomfortably cold while the utility bills remained high. Worse yet, a consistent leak during rainy days invited mice and insects, leaked unto an electrical outlet, and infested one of the bedrooms with mold that remained unnoticed as it bred behind bedroom furniture. When Melissa and

her husband identified the “problem wall” in Julissa’s (8) bedroom, they immediately notified the landlord requesting that he rectify the matter. The landlord’s non-responsiveness led the O’Briens to call inspectional services frequently. The landlord was fined but still did nothing to fix the problem wall. Melissa decided to take the landlord to court for compensation regarding the habitability constraints and for compromising Julissa’s health. Melissa went to court armed with a letter written by Julissa’s doctor, “saying that [Julissa] was a healthy child in normal life [and she] never had any [previous health] troubles.” The letter went on to state, “When we discovered mold they didn’t fix it for so long that she started to develop asthma.” The letter also “list[ed] medicines that he had given her to try and counteract the asthma.” Melissa took the landlord to court because she “wanted him to pay for the medicine.” She felt it was her duty to “stand up and say, ‘This is what you did to me. You cannot treat another human being like this.’”

On her third visit to court for this case, Melissa happened upon the offices of Greater Boston Legal Services “by sheer luck.” There she met a lawyer, John that would later guide her through the process by providing legal advice and strategies for the courtroom while she represented herself. She said “to hear from him that I could do it on my own was fantastic.” The attorney’s involvement helped Melissa better represent herself in court and feel more confident in her abilities. Despite the validation of the GBLS attorney and her steadfast commitment to “fight hard” in court, Melissa “decided to drop everything and leave. Of course they have more money and they can go longer and I was just like, I’m done. I’m done.” Defeated, the O’Briens gave up their fight and moved down the block to Melissa’s parents’ house, where they

converted a living and dining room into bedrooms and lived with 5 other adults. While the housing situation was crowded and the family lacked space and privacy, Julissa's health has been steadily improving and Melissa is working diligently to get her own health back together (after a long bout with depression) and to resume a more family normal life.

Gloria and Melissa had two very different experiences trying to meet the goal of habitability. Their stories reveal the discrepancies between direct legal advocacy and going at the legal process independently. Despite the fact that both Gloria and Melissa had legal help in trying to hold their landlords accountable for the conditions in their homes, the end results of their cases were strikingly dissimilar and reflect how access to legal services is rooted in opportunity or luck (or lack thereof) for the poor. Though Melissa's ability to communicate well and the limited legal support she received helped motivate her through the court case against her previous landlord, it was not enough for her to follow the case through to its conclusion, particularly given the disparate resources between her and the landlord. In the end, Melissa was satisfied with her self-advocacy and with having established a good relationship with the GLBS attorney but she ultimately gave up the fight and made a lateral move to her mother's house remaining, where her and her family remained in an unstable housing situation.

Housing Quality and Habitability- Reasonable Accommodations

Under the Housing and Urban Development's Fair Housing Act, any person with a "physical or mental impairment" qualifies for a reasonable accommodation in which structural modifications or other suitable

adjustments must be made in order ensure that residents might have “full enjoyment of a dwelling.” This may come about as a result of a health issue that has surfaced from living on the premises or due to a preexisting health condition, as reflected in Lanae and Cielo’s cases, respectively.

Emergent health issue

Lanae’s four-year-old son, Jason, had been repeatedly hospitalized for a chronic asthma condition. Jason’s pediatrician suggested that Lanae’s home be inspected for elements in the home that might have been aggravating Jason’s asthma. The investigation identified several asthma triggers in their home including, mice, mold, carpeting and paint that were affecting Jason’s asthma condition. Lanae’s landlord was advised to make adjustments to the apartment for the sake of Jason’s health. Eventually the carpets were replaced with linoleum flooring, the apartment was painted and exterminated and the mold in the bathroom was removed. Since making the changes to the home, Jason’s asthma had improved significantly and he had not been hospitalized in nearly six months at the time of the interview. The changes to the apartment, however, did not come without a price. The landlord generally cooperated but later accused Lanae of missing rent and he initiated a retaliatory eviction. Lanae stated, “like a month after their investigation... the harassment of [the landlord] saying I owed money, when I didn’t, came.” Lanae contacted MLPC to notify them of what was happening. She said, “when I brought the paperwork saying I paid the money, my landlord backed off” but she still informed the MLPC lawyer “just in case.”

Pre-existing Health Issue

Cielo, a mother of two in her late thirties and six year resident in her building, developed a heart condition that required her to have open-heart surgery and a pacemaker installed before her children were born. Cielo had previously applied for SSI benefits due to her health condition which made it difficult for her to work but was repeatedly denied. Discouraged, Cielo had given up on the prospects of receiving a disability income. However, she reapplied with the help of an MLPC staff member and was successfully granted the benefits that now serve to financially support her family. In addition, Cielo's doctor requested that she be transferred to a unit on a lower floor since the building does not have an elevator and her sensitive heart issue makes it difficult to go up and down the stairs without feeling fatigued. With time, she was eventually transferred to a second floor apartment, which did not fully adhere to the doctor's request. As time progressed she had two children and was in need of a bigger unit with more bedrooms to properly accommodate her family. Having fought for a "reasonable accommodation" transfer for quite some time, Cielo was consistently denied despite her health and family needs. Cielo became suspicious when she noticed that a few units that would be appropriate for her became vacant and then were occupied by newcomers. She began complaining to the management company and investigating further. MLPC was also involved and helped to uncover a scandal in which staff members were being paid off in cash for placements in the rent subsidized building. The investigation led to the termination of two key staff members. At the time of the interview, Cielo was on a waiting list with top priority for the next available unit suitable for her family and health condition.

Lanae and Cielos' cases differ substantively but both women greatly benefited from legal interventions around reasonable accommodations and injustice. Lanae's story is one in which the health problems surfaced as a result of living in the unit and where the landlord was held responsible for making the necessary adjustments to restore her son's health. Not only were the MLPC lawyers able to help in this cause but when the landlord displayed retaliatory behavior against her, Lanae used MLPC as a resource and informed her lawyer of the ensuing issues. In Cielo's case, the family had gained more economic security through an entitlement benefit that she was due but had regularly been rejected for. While the situation was not fully resolved in terms of moving to a more appropriate unit, Cielo and her family were one step closer to moving into a unit that met her health needs with some investigative advocacy conducted by MLPC.

Unsafe Neighborhood Conditions

Neighborhoods marked by increased exposure to violence and crime, availability of drugs, poor food options and fear of impending danger pose many threats to the health of neighborhood residents. Some families become victims of the present dangers while others fear themselves sick about what might happen to them or their loved ones. This was Deena's experience until a legal intervention helped her retreat from these neighborhood conditions by moving away.

Deena Jones, the mother of 17-year old Jarvis, was devastated when her son was shot just blocks from their home during a summer afternoon. He was struck in the buttocks and hospitalized for over a month while recovering from wounds that impacted his entire digestive system. Fearful of further violence, Deena refused to

move back to the area she had called home since her childhood. Deena temporarily relocated to her brother's home shortly after the ordeal but was in dire need of a transfer through Section 8. She maintained her portion of the rent despite a loss of salary by exhausting her savings and pawning valuables. MLPC lawyers appealed to the Section 8 administrators explaining that it was a safety hazard to return to the same neighborhood. Under these terms, Deena qualified for an emergency transfer. The MLPC lawyer also referred Deena to the RAFT program, which furnished funds to cover her security deposit. When Jarvis was discharged from the hospital, he came home to an apartment in a neighborhood far away from where his life was jeopardized.

Legal advocacy in Deena's case helped her secure an emergency transfer through the Boston Housing Authority due to her son's involvement in a violent crime. To safeguard the family against the possibility of further violence, the legal intervention helped the family obtain priority status for placement in a unit in a different Boston neighborhood. The lawyer's action thus helped to preserve the family's housing subsidy while also protecting their safety.

Landlord Tenant Dispute- Rosalinda v. Boston Housing Authority

Confronting large bureaucratic institutions is far from easy and having to go at it alone is all the more challenging and stressful. Rosalinda faced the Boston Housing Authority twice and both times she used lawyers that had very different approaches.

Rosalinda Rodriguez moved with her four children from a homeless shelter to a public housing unit managed under Boston Housing Authority (BHA). The

rent for her unit is income-based and had been set at \$68 until BHA sent a notice that the rent would increase to nearly \$300 for no apparent reason. Two MLPC lawyers were enlisted to investigate the discrepancy and worked with BHA to restore the rent to its original cost. The results were less favorable in a previous legal battle with BHA where she was summoned to appear in housing court for an eviction hearing. BHA charged Rosalinda with failure to pay one month's rent. On the day of her trial, Rosalinda hired a "lawyer-for-the day" at the courthouse that cost \$168. According to Rosalinda, she furnished evidence to show that she had indeed paid the rent but BHA then changed the charges to a late payment stating she paid the rent on the 7th as opposed to the 5th of the month, when the rent is due. Rosalinda was confused by the charges and additional fees and disappointed with the results of having paid an attorney only to lose the case.

Rosalinda's case highlights the differences between advocacy that is client-centered and legal representation that is more impersonal. While it is certain that hiring a lawyer does not guarantee a victory in court, the two cases that Rosalinda experiences against BHA produced two strikingly different outcomes. Despite the outcome of the case where she had to pay fines, court, and lawyer fees, in the long run Rosalinda was able to maintain her housing stability and status as a resident with BHA.

Housing Affordability- Helping Make Ends Meet

Housing affordability hardships are often at the root of many housing problems due to limited options in terms of where to live or challenges making ends meet. Shakeema's is a story in which competing expenses caught

up to her and mediation helped protect her housing stability.

Shakeema has four children between the ages of five and fifteen. Making ends meet is challenging for Shakeema especially during certain times of the year. For Shakeema, September was an especially “hard month” because, in this case buying school clothing for her four children, caused her to “fall behind” on the rent. According to Shakeema, the landlord was “harassing” her for a payment that totaled \$309, reflecting a partial payment of the full rent since her Section 8 voucher covers the majority of the rent and is paid directly to the landlord. Shakeema explained the situation to an MLPC paralegal that mediated the dispute and eventually negotiated a payment arrangement with the landlord. Since making payments toward the back rent and interacting with the paralegal, Shakeema notes that the landlord “hasn't really bothered me since.” In a subsequent case, Shakeema received assistance from MLPC when her electricity was shut off for over a week. The MLPC lawyer wrote a letter to the utility company to reinstate services, negotiated a payment agreement with the company and enlisted her in a shut-off protection program due to her son’s disability status. Shakeema must requalify for every 90 days with the validation of her son’s physician to retain shut-off protection services. Yet this is a temporary fix for a persistent problem that is rooted in poor insulation and other inefficiencies in the home.

In Shakeema’s landlord-tenant dispute case, the legal intervention not only helped establish credibility for Shakeema’s struggle to make ends meet but also reassured the landlord that she would receive rent payment while shielding Shakeema from “harassment” that caused her to worry and produced a significant amount of stress. Moreover, the legal intervention

provided preventive protection against a possible eviction on the grounds of rent non-payment. The attorneys also assisted her in getting her electricity reinstated after a shut-off and enlisted her in a shut-off protection program due to her son's health condition. Nevertheless, her ongoing utilities crisis requires interventions that go beyond the law into the realm of policy and systemic change. Another important issue surfacing from Shakeema's case is the potential role of paralegals which suggests that there are some areas of minor dispute resolution where indigent clients might be effectively served by paraprofessionals or professionals in training (i.e. legal clinics at law schools).

Housing Affordability- Securing Subsidies

Entitlement benefits can help ensure economic stability for needy families. However, securing such subsidies often require long and complicated appeal processes as was the case for Wilma and her disabled sons.

Wilma is a 26 year old mother of twin toddlers Enrique and Emilio. The boys have several neurological and physical disabilities and developmental delays caused by complications during labor. Due to their health condition, the children qualify for disability benefits. MLPC helped Wilma secure SSI benefits for the boys by filing the original paperwork and multiple appeals after numerous denials. The SSI benefits were very helpful in ensuring a steady household as Wilma devotes most of her time to caring for Enrique and Emilio, who required continuous medical attention at home and attended several clinic appointments weekly. The children's father, Francisco lives in the home but is sporadically employed in construction and limited for other types of work by his undocumented immigration status. In the meantime, they rented one of

their two bedrooms to a compatriot, “doubling up”; but paying market rent at \$1000 plus other household expenses was still difficult to manage, especially when Francisco was out of work. Financial distress prior to the approval of the SSI benefits led the family to apply for welfare benefits. Shortly thereafter, the parents were subpoenaed to family court for a child support hearing, which is a typical procedure for welfare cases where there is a known father. The impending court appearance caused a lot of stress for Wilma and Francisco due to their immigration status. Weighing their options, the parents considered moving back to their home country in Central America to avoid legal penalties, including possible deportation, but feared compromising the medical attention the boys receive here. Wilma eventually shared her dilemma with the MLPC attorneys who called into family court and negotiated a deal with the family court attorney. They settled on an agreement where the father would, “when reasonable” as stated in the letter, provide health coverage for the children.

In the first instance, the legal intervention in Wilma’s case resulted in more economic stability for the household by ensuring social security disability benefits for the twins. In the subsequent case, the parent’s stress about having to appear in court was greatly alleviated through negotiations with family court attorneys. The continuity of contact between Wilma and her physician and then her attorney allowed Wilma to seek help after the initial transaction. As a policy, MLPC helped previous clients without having to be referred by their physician and many participants felt comfortable doing so because they had developed friendly-working rapports with their attorneys.

Utilities Hardships

Utilities hardships are a major component of housing affordability for families responsible for covering their usage. Less financial assistance and subsidies are available to needy families, yet debt, shut-offs, inefficient heating systems, antiquated appliances and cold homes have significant health impacts including among others, respiratory illness and stress.

Mrs. Stone, custodial grandparent of two teenagers, has lived in the same apartment for nearly twenty years. While the landlord maintains the three-family investment property, he has not done any major renovations or updates over the years. Mrs. Stone's first floor apartment has direct access to the basement, which makes the apartment especially cold and expensive to heat during the winter months. Over time, Mrs. Stone has accumulated a large debt with the gas and electric company, in part due to the fact that the home is not well insulated and the appliances are older and not energy efficient. At the time of the interview, she owed the gas company nearly five thousand dollars and the electric company another two thousand dollars. She made every attempt to make payments to the utility companies on her limited budget from her SSI disability benefits. The gas company eventually shut off her services due to large arrearages and non-payment. Mrs. Stone called the gas company frantically to see what her options were. They said that with a doctor's note, she could receive a shut-off protection due to her heart condition and her grandson's mental health status. She proceeded to request a letter from her grandson's pediatrician. The doctor also referred her to MLPC. The lawyers at MLPC were able to speak to the gas company representatives to quickly reinstate her services as well as arrange a payment plan to avoid a future shut-off. When I interviewed her, Mrs. Stone was facing a similar dilemma with the

electricity company. This time however she said, "I have to call my lawyer." Though dealing with a similar problem, she now feels less worried because she has a place to go and has high expectations of what "her lawyer" can do to help "protect the lights" and ensure her rights.

In Mrs. Stone's case, an initial interaction with a housing attorney who aided in reinstating her electricity services resulted in the use of legal services as a perpetual resource. Faced with a persistent utilities crisis consisting of large utilities arrearages and shut-off notices, Mrs. Stone learned to capitalize on her relationship with the attorney to, in her words, "protect her lights from being shut off." She took ownership of "her lawyer" and utilized legal services in the way that people with more resources do when they have attorneys on retainer. In this way, Mrs. Stone began to use the law and her lawyer's services instrumentally and on a recurring basis to protect her interests.

Comparison Group and Failed MLPC Cases

The cases highlighted above reflect positive outcomes of MLPC legal interventions, however for comparative purposes, this section reveals instances the outcomes of housing problem resolution for both groups, including "failed" MLPC cases where legal interventions fell short.

Study participants in the non-MLPC group seldom used legal approaches to rectify housing problems. Instead, most acknowledged their housing problems but continued living under the same conditions (status quo)

or handled their housing hardships by moving.²³ These approaches, either living under substandard conditions or moving frequently, place families in danger of housing-related health risks. While some respondents in the non-MLPC group “never thought about the law,” others considered getting legal representation to confront their housing challenges, but “money” constantly came up as a prohibitive factor as did law as a “hassle,” reflecting perceptions of public legal aid as inefficient and inundated. Unfortunately, this meant that their options for living differently and growing up healthy were further compromised.

TABLE 3: Housing Problem Resolution by Type of Legal Intervention

	<i>In Place</i>		<i>Relocation</i>		<i>Status Quo</i>		<i>Total</i>	
	<i>n</i>	%	<i>n</i>	%	<i>N</i>	%	<i>N</i>	%
Legal Intervention (MLPC)	12	33	16	45	8	22	36	100
No Legal Intervention (non-MLPC)	3	8	10	28	23	64	36	100

The presence of a lawyer did not always produce desired results or ameliorate all of the families’ problems; however, of those who engaged with MLPC, there was a 4:1 ratio of legal intervention leading to improved housing circumstances. Of the participants in the MLPC group that remained status quo where their problems remained unresolved, some like Clara, who was displaced after an estate settlement, disagreed with legal advice encouraging her to move to a family shelter residence. Others like Tynetta, who had an

²³ Sixty four percent in the non-MLPC group, compared to twenty two percent of the MLPC group remained in the status quo category.

open utilities case, never heard back from the attorney assigned to her case and resolved her utilities problem with her family's help and enrolling in a different program. Angelina, who was primarily dealing with a school-related issue that affected her son's academic performance, felt that MLPC program staff were unnecessarily intrusive and that the confidentiality they assured her of was in her opinion violated because so many staff members got involved in her case. Lawyers often assign smaller tasks to program interns and lower tier staff members to maximize efficiency. However, not knowing this about the program, Angelina began to mistrust their intentions and assumed a vigilant stance, eventually opting to handle the situation on her own and requesting that her case be closed. She later acknowledged that the MLPC program just didn't work out for that particular case but wouldn't rule them out as a resource for a future legal issue. So even in these "failed" instances, some individuals interviewed did see the MLPC as a possible help for future problems.

Analysis

There are at least three beneficial outcomes of participation in the MLPC program. The primary one involves better housing either through relocation or in-place improvements. The other two are indirect benefits that allow families to be more fully integrated into society by building social capital and making legality more tangible.

Improving Housing

When effective, legal interventions unlock two pathways to better housing. The first is by improving housing conditions in the existing home

environment; the second is to facilitate mobility into better (or less problematic) housing. As shown in Table 2., study participants who secured legal interventions to address their housing problems were more likely to improve their housing status. On the other hand, respondents with no legal intervention were overwhelmingly more likely to remain status quo, with housing situations unchanged. The cases presented above reflect these trajectories to improved housing. Half of the cases shown here resulted in in-place improvements or moving to better housing, regardless of the type of problem; but some problems presented an immediate need to move, as in eviction (Kathy), unfavorable housing (Gloria) or neighborhood conditions (Deena), which necessitated moving but where legal advice and mediation allowed for the relocation to happen according to the needs of the clients. Their needs were not only met, but also the pace set was more amenable to a positive outcome for their cases. For the in-place improvements, which in the cases described here involve reasonable accommodations (Lanae, Cielo); utilities (Mrs. Stone); and subsidies (Wilma), families were able to meet their housing challenges, and at the same time, were not unnecessarily uprooted for relatively minor issues when the stress involved, rather than the environment, was more responsible for the health risks. In the end, legal interventions shielded families from homelessness, housing instability, unsuitable living environments and the loss of subsidies and social benefits that ensure that families have access to help they are entitled to receive.

Making Legality Within Range

The Medical Legal Partnership for Children effectively makes legality within range for the low-income families they serve by increasing access to

legal services and meeting clients where they are. As a referral-based service within community health centers, clients are not expected to go out of their way to a place that is new or inconsistent with their regular routine. Moreover, the program model consists of physicians identifying justiciable problems, and making referrals to attorneys; thus, low-income clients are effectively introduced to participation in the naming and blaming process; being referred to lawyers for the claiming piece means they are not expected to be able to do this on their own from the outset. But as evidence in the examples that I shared, many participants were later able to identify problems on their own and contact the attorneys directly. The by-product of doing so is that families become more rights aware, feel more engaged and empowered and less helpless, by increasing self-efficacy; and they move closer to being fully incorporated into society (social inclusion), using the law as an entry point for improvements in housing and health, as well as in rights claiming in other areas of their lives.

Building Social Capital

Legal interventions were also shown to produce social support mechanisms and to facilitate social network formation. Attorneys and other legal staff became important sources of moral support not only via helping clients to navigate legal procedures but also by motivating many to continue through the process. Lawyers also acted as personal resources based on the development of healthy rapports that often led to subsequent interactions between the clients and their legal advocates. Gloria cited how the team of “licendiados” (professionals) offered her moral support and encouragement at times when she felt she wanted to give up the fight. She admits that even

without giving up these results might have been difficult for her to achieve alone. Mrs. Stone came to feel that she could rely on “her lawyer” to help her keep the electricity on. Melissa felt empowered to represent herself, but with the knowledge she had legal help to draw on should she need it in future. Lanae was able to defend herself, with MLPC help, against current and future landlord retaliation. All of these clients learned of ways to enforce their rights to safe and healthy housing. Legality was brought into range for all of these families, both tangibly and in terms of their legal consciousness (Hernandez, forthcoming).²⁴

Small (2008) describes neighborhood institutions in poor communities as resource brokers. I extend this to argue to note that the service providers themselves become part of the information and resource brokerage process and later become actors in the social capital schemes of the poor. This is evidenced here by respondents’ connections to their physicians and other clinic staff as well as to the lawyers. They called or made appointments with these individuals with whom they had developed trusting relationships and came to incorporate these actors in their “help- seeking” repertoires/schemas. This point is an important one to address given the fact that social capital among the poor has been marked by clustering and homophily (Lin 2000).¹ By acknowledging that the actors within the neighborhood institutions become central to meeting various needs, we come to see that the social networks of the poor indeed become more varied and enriched, which often result in the reduction of social exclusion in both tangible (successful legal intervention and housing/health improvements) and intangible (feeling that they have

recourse with their health and legal support network) ways.

Discussion: Suggestions, Problems and Policy Implications

As evidenced at different points in the examples above, the collaborative efforts of doctors, lawyers and social workers resulted in more effective advocacy. The example provided by the Medical Legal Partnership for Children demonstrates the advantages of collaborative relationships between professionals and the effectiveness of working together in addressing fundamental problems and linked outcomes. The model works in part because the partnership is formalized through the program, and the professional cross-pollination of doctors, lawyers and other clinic staff provide training and networking opportunities that concretize the link between the service providers. With the infrastructure in place, this collaborative and strategic professional partnership is further rooted in continuous and consistent group efforts toward a common goal.

In many of the cases, the legal staff not only addressed the pressing issue at hand but also addressed matters that might come up as future problems and identified things that might prevent further complications. In this way, the MLPC is *practicing preventive law* in the same vein as preventive health. Practicing preventive law takes two forms. The first is by *de-escalating* problems so they don't reach a point of crisis. This was evident in Shakeema's case where the lawyers negotiated with the landlord to establish a payment plan in order to prevent the rent non-payment issue to escalate into an eviction procedure. Second, the lawyers often referred clients to services,

particularly entitlement benefits that would help them achieve more economic stability. For example, lawyers helped Wilma through several appeals before successfully obtaining social security benefits for her disabled children. Lawyers referred Kathy to the RAFT program to help cover initial moving expenses including the security deposit, which would have otherwise made it more difficult for her to move out after having been evicted. In this way, the lawyer's referrals, financial negotiations with landlords and utility companies, and their help in securing subsidies and entitlement benefits functioned as means to alleviate financial burdens in housing and to ultimately reduce tradeoffs that may otherwise compromise a householder's ability to meet basic family needs such as food and health care expenditures (Sard 2001). Ultimately, legal interventions complemented doctors' efforts to provide preventive care by de-escalating problems and enabling access to preventive resources, thus curbing potential points of distress for families.

The disproportionate number of failed cases where there was no legal intervention highlights the disparity in the degree to which poor householders are able to access legal services. At present, only a small portion of families who might benefit from legal services actually receive them. This may sometimes be attributable to personal characteristics of clients and/or cultural and linguistic barriers. Yet the institutional barriers that preclude a large proportion of poor families from receiving legal services warrant consideration and support for a) the expansion of legal services to the poor, which will inevitably require innovation and increased funding for new and existing programs, and b) policy initiatives that tackle persistent housing problems that are beyond the capacity of legal interventions to remedy.

Increasing access to legal services can come in several forms, including legal aid through state and federally funded programs, pro-bono services, and private/non-profit initiatives like the MLPC, where lawyers are integrated into institutions that already serve the poor. Another area to explore is the use of paraprofessionals to take on some of the smaller, preventive law cases that do not require much experience or credentials but might prove to be very effective, while leaving the more involved cases to fully-trained attorneys. Consideration of new and unique angles of persuasion, such as potential health benefits from legal services, may compel legislators to allocate more funding to legal aid programs. Furthermore, as legal service provision to the poor increasingly becomes privatized, links between social and health service agencies and private law firms that offer pro-bono services will be key in meeting the legal needs of the poor.²⁵ A next important step could be getting professionals in all areas to emphasize health-risk housing problems and to encourage addressing them legally and/or through mediation.

A widespread adaptation of the MLPC model may not be feasible at this time, but the exponential growth of medical legal partnerships nationwide and recent support by the American Bar Association and American Academy of Pediatrics are good indicators that there is growing endorsement of these principles by practitioners and professional organizations alike.^{26,27} As the

²⁵ As a matter of social justice, legal advocates and other activists have recently attempted to shed light on this issue through a mandate for Civil Gideon, which would ensure legal representation in civil cases as is currently true for defendants in criminal cases. The Civil Gideon movement, while in motion, is still in formation and growing at a slow but steady pace. The continued efforts of those involved will help further situate the problem of access in the civil arena and drive policy debates on the topic but serious barriers exist in guaranteeing that Civil Gideon legislation will pass.

²⁶ In 2006, when this evaluation began, there were 24 MLPC-like sites. The most recent figures show a tripling of such programs for a count of 74 programs in 2008.

²⁷ In 2007, the American Bar Association passed a resolution in support of Medical-Legal Partnership stating: “Just as the medical profession advocates preventive health care, so too by entering into these partnerships with health care providers, the legal profession can advance a ‘preventive law’ strategy for

concept gains traction in both the medical and legal professions, more innovative techniques will need to be implemented so that the initiatives continue to grow and are sustained over time. The Medical Legal Partnership is trying to ensure this by engaging in systemic advocacy to address the social and economic barriers facing the poor, as well as in facilitating the diffusion of this model to various sites nationwide. The task of instituting more MLP programs will take time as people need to become better acquainted with the model, more accustomed to integrating and fostering collaborative networks, as well as to being creative in locating the resources for such programming.

Programs such as the MLPC become not just band-aids to address inadequate enforcement of current laws, but important catalysts to decreasing social exclusion and the endless cycle of poverty, poor health, and poor housing. By promoting preventive health and legal care, there would plausibly be a reduction of more chronic health problems in the future and a lesser burden on the public sector in the long run. Moreover, increasing the health and housing prospects for the young means that they might be more able to focus on attending to educational objectives, producing greater personal economic prospects for future generations, with greater productivity in the workforce and less reliance on public assistance. Lastly, if housing stock is improved, future generations will also stand to inherit better quality

addressing clients' social and economic problems and thereby improve clients' health and well-being, especially those from low-income and other under-served communities. In the previous year the ABA also passed a resolution regarding the civil right to counsel where they "urge[d] federal, state, and territorial governments to provide legal counsel as a matter of right at public expense to low income persons in those categories of adversarial proceedings where basic human needs are at stake, such as those involving shelter, sustenance, safety, health or child custody, as determined by each jurisdiction." The combination of the two efforts may help to strengthen the ABA's clear support to protect the civil legal rights and health of the poor.

housing while landlords and landowners are held more accountable for adequate maintenance, thus reducing the burden on the public sector. In order to realize these objectives, investments must be made in support of programs such as the MLPC and in training new professionals who believe in and are willing to adopt this model in their practice. While this generation may bear the brunt of the initial investment costs, the future benefits will be great if we choose to act now.

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CHAPTER 4
“I’M GONNA CALL MY LAWYER:”
SHIFTING LEGAL CONSCIOUSNESS AT THE INTERSECTION OF
INEQUALITY

Introduction

The study of legal consciousness entails understanding how the law is embedded in interpretations of everyday experiences across many facets of life. It seeks references to the law within social experiences rather than constructions of the law as an external force operating independent of other social forces. According to law and society scholars that have examined legal consciousness among various groups, there is an apparent correlation between social status and people’s orientation to law. It has been found (or at least strongly suggested) that disadvantaged group members, including racial minorities and the poor, are more likely to be “against the law,” expressing cynical or dismissive views about the law (Ewick and Silbey 1998; Nielsen 2000). The reasons why marginalized members of society express negative or dismissive feelings about the law, however, are less certain. In this paper, I take to task a deeper understanding of legal consciousness as it relates to inequality by applying the concept to individuals at the margins of society and at the intersection of inequality- poor women of color.

My approach to the study of legal consciousness differs from other scholars in the field in that it examines within-group variance and inequality in the pursuit of civil, as opposed to criminal, legal matters, particularly those surrounding justiciable housing problems and tenant rights. The purpose of

this paper is to understand nuanced variations in legal consciousness among low-income mothers and how these differences impact the ways in which marginalized group members come to develop and exercise legal consciousness and also to mobilize the law. This paper also explores the influence of legal participation as a salient factor determining the fate of low-income mothers' orientation to the law. I expand on the legal consciousness literature by a) considering the role of inequality and exclusion in shaping legal perspectives and resources available to poor women of color and b) focusing on a particular realm of personal problems in housing and inner-city neighborhood life, in which the law is ubiquitous but not universally recognized or engaged by marginalized members of society.

Findings based on qualitative interviews with 72 low income mothers along with ethnographic research, suggest that differences in legal consciousness reflect variations in exposure to and interactions with the law that ultimately inform, develop and shift legal orientations among poor women of color with housing problems. My research design helped facilitate a comparison between families that mobilized the law through a unique legal service program and others in similar situations who did not. In addition, the present study entailed an 18 month long ethnography of an inner-city neighborhood in a Northeastern city that sheds light on the legal organization of the community life and the lack of participation by poor, minority group members. Combined, these two sources of data begin to tap into the "why" issues implicated in the differences in legal consciousness based largely on issues of class and legal exclusion.

For participants who used legal services, the increased exposure to legality resulted in the development of legal consciousness and the use of legal strategies which positively impacted their sense of empowerment and self-efficacy- belief about one's ability or capacity to accomplish a task or deal with the challenges of life. Participants involved in the legal process harnessed a new rights awareness, which was beneficial in dealing with their current housing problems. Their newly acquired legal knowledge would also be applied to future occurrences and shared with members of their social network (usually kin or kith). Conversely, the main explanation for why some mothers failed to express or develop a sense of legal consciousness is a lack of "legal entitlement." The result of a poor feeling of legal entitlement was that respondents approached the law and legality with fear or disregard and avoided formal legal processes due to personal vulnerabilities, lack of trust or disapproval associated with how the legal system treats people of a lower social status. This disposition in legal consciousness reflects how the law as an institution continues to reproduce inequality through disengagement despite its potential to level inequality and protect people's rights. This study of legal consciousness has important implications for those located at the crux of legal exclusion and inequality. By highlighting legal disparities we can further understand the nature and pervasiveness of differences in orientations to the law and how they might be overcome with appropriate interventions.

Legal Consciousness: Origins and Critique

The basic premise of the concept of legal consciousness is to assess the ways in which ordinary citizens describe experiences and how the law is incorporated in their lives (Merry, 1990). Like other popular theoretical

frameworks, the meaning of the term differs among scholars in the field and over time. Yet, the utility of the concept has helped to describe the experiences of various groups under study and continues to be used to explain how “the law is all over” (Sarat, 1990). Authors in the field of law and society have defined and used the concept of legal consciousness in different ways. Sally Merry, a well-recognized scholar in the field, defines legal consciousness variously in the progression of her own work. In an article published in 1985, she explains legal consciousness as “the ways law is experienced and understood by *ordinary* citizens.” In her book “Getting Justice and Getting Even,” Merry describes legal consciousness more broadly as “the way people conceive of the ‘natural’ and normal way of doing things, their habitual patterns of talk and action, and their commonsense understanding of the world” (1990:5). This particular definition of the term is less law-oriented in a way, in part because it seeks to uncover, without prompting, narratives of law and legality.

In her study of legal consciousness, Merry (1990) used a dispute analysis framework to investigate how a group of mostly white working class women used the court system to mediate personal conflicts with neighbors, romantic partners and children. In her analysis, Merry focuses on power, the function of hegemony and cultural domination present in the working class women’s interactions with the law. She found that while plaintiffs articulated their problems in terms of rights and evidence in which they expressed an orientation to legality, court personnel (mostly judges and mediators) reframed their problems away from the law using instead discourses related to morality and treatment-based interventions. As a result, Merry noted that

while the legal consciousness that initially inspired her study participants to resort to the court remained in tact, the litigants often lost the sense of entitlement to draw upon the law as a resource as a consequence of how their problems were reframed by legal authorities.

Sarat's (1990) study of welfare recipients who were disputing benefit cases with the help of legal aid attorneys showed that the law was "all over" and that his study participants experienced many facets of life as legal. While Sarat and Merry do consider class in their work, they consider the welfare poor and working class from the perspective of active legal actors in the sense that they are already engaged in the legal process by virtue of being interviewed in a legal setting such as a law office or in a court. Due to the "selection bias" in their samples, the discourse espoused by study participants in these authors' work would more likely be legally oriented as they had developed enough of a legal consciousness to turn to the justice system to resolve everyday interpersonal conflicts and other disputes. I suspect and argue later in this paper, however, that demographically comparable individuals facing similar issues may less readily consider handling their problems through the legal system due to a less developed legal consciousness.

Scholars interested in seeing how law is embedded in everyday experiences outside of an obvious legal setting such as courts began asking questions about how legal consciousness was framed in the conception of common problems. In their seminal work on legal consciousness in everyday life, Ewick and Sibley (1998) describe differing orientations to the law that

signal choice, deference and defiance. The authors provide three categories that indicate how common people approach the law: before the law, with the law and against the law. According to the authors, those who operate before the law, see the law as functioning in a way that provides an external order to everyday experiences, regulating regular interactions with institutions and authority figures. People who see themselves as functioning “before the law” abide by and cooperate with the law and figures that represent the law.

Individuals working “with the law” use the law strategically in ways that beneficially suit their interests. People who work with the law often draw on previous legal experiences — successful or not-- to help inform their outlook or provide perspective on how to deal with a wide-range of problems. The authors describe these individuals as “playing” with the law and toying with legality in a way that reflects a game-like approach in which these individuals gauge wins and losses and strategic next steps, manipulating the law and taking pride in doing so when the outcomes are favorable to them.

A final group of individuals were found to work “against the law.” Those working against the law did not engage the law on a regular basis and if they did, they often encountered the law in a way that was off-putting and caused a significant amount of stress. The authors make a brief note about this group being comprised largely of working class, poor and racial and ethnic minorities. While they did not elaborate much on this point, there seems to be an inherent inequality in how the law is viewed and used by individuals who occupy varying socioeconomic statuses. Moreover, among those categorized as working against the law there seems to be perhaps an important subgroup

that avoids the law almost entirely and often deliberately. Those that avoid the law may be described as expressing a particular resignation to engaging with the law due to perceptions of accessibility, fairness or relevance to the everyday experiences they encounter.

Nielsen (2000) notes “the legal consciousness of ordinary citizens is not a unitary phenomenon, but must be situated in relation to particular types of laws, particular social hierarchies, and the experiences of different groups with the law” (1). In her research on the experiences of street harassment, Nielsen found women and people of color were more prone to experiencing incidents of offensive public speech but they were less likely to support the legal regulation of this offense. Nielsen identified four paradigms— freedom of speech, autonomy, impracticality, distrust of authority/cynicism about the law— that best explained why participants in her study were reluctant to legally regulate offensive public speech. Race and gender defined how people of different social status groups came to express legal consciousness. White males in Nielsen’s work were more likely to express conservative views of the legal regulation of hate speech and used the preservation of the constitution as their main rationale perhaps because they benefit most from upholding rights afforded by the Constitution. Women, alternatively, thought of regulation as an individual endeavor and enforcement as highly impractical, while people of color were more cynical and dismissive in their perceptions about the role of law in guaranteeing rights and considered regulation to be less feasible or impossible to achieve. As Nielsen suggests, the legal orientations of women and people of color likely reflect their diminished privilege vis a vis the law and legal institutions. Based on her findings, Nielsen called for a theory of

situational legal consciousness in which variations in legal consciousness across social groups are assumed and further explored.

For instance, the nature of the relationship between legality and poverty is marked by paradox. The contrasts in risk and opportunity begin first in the distinction between criminal and civil law. The premise of this paper is based on examining legality from the standpoint of inequality. Yet, the notion that poor inner-city residents can be unconscious about the law seems unthinkable given the disproportionate representation of racial minorities and the poor in the criminal justice system. Still, while criminal justice is rather prominent for poor inner-city residents through law enforcement, jails and courts (Sampson and Bartusch 1998), civil justice, through civil courts, attorneys and the enforcement of rights, is more peripheral (Legal Services Corporation 2005). In essence, legal paradoxes punish victims of inequality and provide little recourse to enforce civil rights guaranteed to U.S. residents.

The limited exposure to the law in a civil, rather than criminal capacity renders this realm of legality out of range for poor people and minorities. This lack of exposure to legality produces cultural and structural barriers that preclude the poor from calling upon the law to address various justiciable problems. The structural barriers including access and affordability along with the accompanying lack of cultural norms in reaching out to the law, make it less feasible for the poor to engage in the practice of naming, blaming, claiming at all (Felstiner, Abel, and Sarat, 1980) and given the many barriers, they fall off at the various stages, with less people actually making claims

about their rights.

The criminal/civil law paradox is also influenced by vulnerability, particularly with respect to gender and immigration. With regard to gender far fewer women are involved in the criminal justice system compared to men, yet civil legal needs in housing, family, education and other domestic issues persist and are largely issues handled by heads of households, which in the case of poor minority families, is often a woman. The astounding race and gender gaps in the rate at which Black and Latino men are incarcerated is a crude indicator of how much legal experience minority men potentially have. Therefore, minority men ironically have more opportunities to develop legal consciousness because even if involuntarily, they are subjected to the law frequently compared to women who still comprise a small percentage of the prison population. These experiences allow men to gain more experiences with law and therefore have greater legal consciousness as informed by their personal experiences. With respect to immigration, undocumented immigrants are particularly aware of the law but due to various fears associated with deportation and other legal ramifications for their illegal immigration status, many actively choose to avoid the law, law enforcement personnel and legal institutions. Therefore, in comparison to citizens and legal residents, undocumented immigrants often voluntarily opt to limit their exposure to legality to avoid legal penalties and may be less likely to engage legality unless particular opportunities arise that protect their anonymity.

Legal Consciousness and Inequality

A comprehensive analysis of legal consciousness within a framework of

inequality is largely missing in the legal consciousness literature, yet it is an important issue that deserves more attention. In extension of the legal consciousness literature with respect to inequality, I argue that there are two important points that account for the process of legal exclusion among the poor: firstly, that if legal consciousness impacts how the law is understood then one's state of legal consciousness is determined by one's exposure to and knowledge of the law and secondly, that beliefs about the law impact how it is mobilized but legal mobilization is contingent upon how accessible the law is perceived to be by individuals.

With regard to the first point, the idea that legal consciousness reflects a continuum of legal perspectives is consistent with Ewick and Silbey's observation that the various streams of legal consciousness shift within the individual according to the type of problem they face and the degree to which they perceive legality in relation to that problem. Nielsen, likewise asserts that the changing nature of legal consciousness is also situational. While I agree with previous authors that there are different types of legal consciousness and that the categories themselves are fluid, there is another issue at hand here and it is that legal consciousness is *developed* by exposure to the law. People who have a more or less "developed" legal consciousness invoke the law variably but legal opportunities (coupled with a sense of legal entitlement) drive how individuals view and then use the law. So while Sarat argues that the legal consciousness of the welfare poor is one in which the law is all over, the research I present below suggests that disadvantaged group members for whom certain matters remain more private and personal have fewer opportunities to develop a legal consciousness.

To the second point, the perceived availability of law impacts whether or not and how legal consciousness is developed. The signals that frame legal consciousness affect if and how people engage micro-level legal processes that directly impact the resolution of their personal problems or the quality of their community life. Reaching out for legal services in addressing justiciable problems is one way to contract or commission the law. Poor people though, are more often subjected to the law and engage the law in a reactive manner. Money and lack of affordability is the main factor contributing to decisions about employing legal remedies but other vulnerability factors, for example, language and cultural barriers, immigration status and a low sense of legal entitlement also influence if and how law is invoked. Moreover, powerlessness and limited opportunities of legal empowerment (hegemony) also serve to perpetuate current inequalities in the instrumental use of the law. These barriers to legality, however, may more fully explain differences in legal consciousness, particularly regarding questions about the reasons why poor people commonly express an elementary stage of legal consciousness marked by negative legal orientations and unconsciousness.

*Legal Unconsciousness*²⁸

In her seminal piece on legal consciousness, Nielsen (2000) alludes to a notion of legal unconsciousness. In her study of legal consciousness she explains that she “not only explores how people think about the law (consciousness about the law) but also the ways in which largely *unconscious* ideas about the law affect decisions they make” (p. 1058, emphasis by author).

²⁸ Albeit limited and contentious, I use the term legal unconsciousness fully aware that it is perhaps not the most appropriate term to describe my critique of the current legal consciousness literature. I am open to suggestions for another term that may be more suitable.

The unconsciousness that Nielsen alludes to however never really takes form in her interpretations of race and gender differences in the perception of the efficacy of law and how law should “intrude” in experiences of offensive public speech. Nevertheless, since Nielsen does mention the possibility of legal *unconsciousness*, I would like to conceptualize this term with the hopes of better understanding this more rudimentary state of legal consciousness.

Legal unconsciousness is best characterized as a dimension of legal consciousness, rather than its antithesis. As a developmental process, legal unconsciousness reflects a beginning stage of legal awareness where a person’s sense of the law is vague, overly generalized and abstract, opinions about the law are not well-formed and personal experiences with legality are limited and deemed insignificant. To be legally unconscious is to view the law unwittingly and with a distinctively removed quality when considering everyday experiences or problem solving repertoires. For individuals that express a legal unconsciousness, legality is out of range and the law is virtually meaningless in real and/or imagined ways. This is often reflected in the ways in which people that are facing legal problems use non-legal resources to resolve the matter because they had not contemplated dealing with the problem legally by commissioning the law— as reflected by not engaging legal actors or otherwise avoiding legal institutions.

We can safely assume that most people are in some ways aware of law as noted in the legal consciousness literature but there is an important distinction between people who have negative views about the law and those who do not really consider the law much at all. A negative perception about

the law is a perception of the law nonetheless. Yet for a particular group of legally disadvantaged and legally excluded individuals, perceptions of the law are so distant and broad that concrete ideas about the law never come to be formed and therefore they remain oblivious to how the law functions or is entrenched in their lives. With regard to inequality, legal unconsciousness may speak to class differences and social status hierarchies that vary according to the ability and willingness of individuals to think about, believe in, draw on, and manipulate the law. It also signals actual and tangential access to legality and opportunities to develop awareness about the law, which have important impacts on how people come to form a legal consciousness. Therefore, absent opportunities to mobilize the law accordingly, legality remains vague, ambiguous and meaningless to people with limited access to the law. In expansion of Nielsen's notion of legal unconsciousness, I examine two related forms of legal unconsciousness, that which is reflected in a person's interpretation of or theoretical approach to legality (what they say and think about the law and legality) and any action or inaction that is taken in the legal realm (what they do or don't do).

Data and Methods

I will be drawing on two different but linked sets of data. The first is a comparison of pediatric patients at local community health centers in an inner-city neighborhood in the city of Boston where half of the respondents participated in a legal service delivery program to address pertinent legal needs in housing, while the comparison group had no such access and managed their problems using other strategies. The other source of data comes from a year and a half long ethnographic study of Dorchester,

Massachusetts that was conducted simultaneously to get a better contextual perspective of the legal organization of the neighborhood and to examine how families perceived this organization. Combined, these two sources of data begin to tap into the “why” issues in the differences in legal consciousness based largely on issues of class and legal exclusion.

Home-based, in-depth interviews were conducted in English and Spanish with the primary caretakers of 72 low-income householders. The interviews lasted 90 minutes on average and were conducted using a standard interview guide, which focused on the families’ health, housing conditions, neighborhood issues, coping strategies, perceptions of the legal system and their use of legal services. The interview transcripts, interview notes, and field notes were analyzed using qualitative data analysis software to facilitate systematic data analysis and to assist in the process of categorization and coding, developing themes and organizing data segments.

The study sample is composed of a “treatment” group consisting of 36 parents who participated in a unique service delivery program offered at local community health centers. Respondents in this group were referred to legal services to address one or more housing issues through a referral from a physician, usually the child’s pediatrician, social worker or other clinic personnel. Interviews were conducted with families whose cases were deemed closed.²⁹ The “comparison” group is comprised of an equal number of

²⁹ Closed cases were defined as those for which a) the housing aspect of the case was resolved, b) the program could do no more to help the case or c) there was sustained loss of contact with the client. Using these criteria to establish closed cases meant that some of the families contacted to be in the study may have had an open aspect of the case in an area not related to housing. Special measures were taken to include client-families for whom loss of contact was the primary reason for closing the case

families (36) who are also medical patients at alternative community health centers in the same neighborhood. Like families in the treatment group, respondents in this group live in the same neighborhood, have one or more housing issues and are low-income. The main difference is that respondents from this group do not have access to legal services in their neighborhood clinics. Some families in this group had attempted or considered using legal services were discouraged by a sense of incompetence or that they would not get the personal attention or favorable results from engaging the legal process as will be discussed in the following sections.

My participant observations of Dorchester community life led me to an intriguing account of the legal organization of the neighborhood where low-income mothers were obviously missing from the process. In looking at community life from a legal perspective, I observed over 100 neighborhood association and crime watch meetings throughout Dorchester, where much of how neighborhoods are policed and governed is decided and negotiated. What I found is that poor people rarely participate in this process despite comprising the majority of the neighborhood population. Some of it may be generational but a bigger part of why poor people don't participate in these neighborhood level legal processes is a sense that their needs are not represented and a certain sense of incompetence in expressing those needs as well as a lack of assurance that they will be met. Stakeholders including homeowners, business owners, and employees of community based organizations, seemed to have clear goals and an agenda to protect and

including searching for updated information through medical records as well as contacting emergency contacts via phone and mail correspondence.

therefore viewed the neighborhood legal process as a formidable outlet to express their needs with the expectation that the politicians or law enforcement agencies would address their concerns and be accountable for inaction. Combined, the legal experiences of the poor women of color in their personal and community lives reflect inconsistencies and inequalities that highlight why the haves come out ahead (Galanter 1974).

FINDINGS

Legal Unconsciousness: Ambivalence and Absenteeism

Legal unconsciousness takes the form of ambivalent impressions of the law where legal institutions, actors and processes are viewed in general and ambiguous ways or with simultaneous positive and negative notions. Gail, a 24-year-old Haitian mother, for example states, "I never think about the law." Of course the purpose of studies on legal consciousness is to determine if people think about the law subconsciously or mention legal aspects in their accounts of everyday experiences. Yet, even in this respect, Gail described a gruesome shooting a block away from the family's home, burglaries and other extralegal activities that occur regularly in her neighborhood and she hardly mentioned the police or other law enforcement, and mostly talked about staying home or moving to another area in order to avoid neighborhood problems such as these. When I asked her about the police, she said, "I stick to myself." Ironically, as I will describe in the section of this paper that describes the legal organization of community life, the police are a very visible and commonplace facet of everyday life in Dorchester. Therefore, not to think about the law at least in this respect is quite revealing. Interactions with or at least impressions of police are seemingly impossible to circumvent given their

indelible footprint on Dorchester streets.³⁰

Another expression of how the law is dismissed is in how people distinguish between good and bad and made corresponding assumptions about who should be involved in the legal system. Clara asserts, “I am a good person, I stay out of trouble.” Trouble for her is her main association with the law and as a good person she does not see herself as having opportunities to engage with the law. Elijah Anderson (1990) alludes to a similar phenomenon where people in poor neighborhoods distance themselves according to good and bad – “bad” people in this instance tend to be more often engaged with the criminal justice system and therefore have ironically more opportunities to develop a legal consciousness.

The other obvious way in which the law is perceived incongruently is in its association with help and the various barriers to access that the poor face. Many respondents in my study view the law as “help.” Over and again, when I asked respondents what comes to mind when they think about legal services, for example, a common response was “help.” Carmen’s impression of lawyers is that they are “helpful to get information [and when] you need advice.” But she wishes that the attorney she hired for an immigration issue after her husband was deported “would do more.” Carmen initiates most of the communication between her and the lawyer and notes, “It’s always me calling... finding out what’s going on.” But after having dished out \$5000 in

³⁰ During my first few visits to Dorchester, I was immediately struck by the strong police presence. Police cars circled parts of Dorchester at various times in the day and seemed to be a very normal and visible aspect of the street landscape in Dorchester and that was only in late autumn, early winter. During the summer of data collection, there was even heavier police presence as police on bicycle patrol regularly paraded certain areas of Dorchester known to be crime and drug-infested.

upfront legal fees, she is frustrated at having to “just sit back and wait.” She says, “[the lawyers] are so slow. They just like to play with us.” Her ambivalence toward the lawyer, however, has not diminished her hope that she will get the results she seeks in this case. In the meantime, she does “[her] part.”

Mixed feelings about legal services were common in other ways too. Keisha states, “Legal services can help me out... [but] if you try to go through [legal aid] they have a waiting list [and] they don’t have any lawyers... If you try to find one on your own they’re expensive.” So despite acknowledging that legal services might help her with the various housing code violations present in her home, the impediments of money and the lack of resources with public legal services, she opted to deal with her housing problems on her own by moving and choosing “not to complain”. For Katherine, who thinks that getting legal help “sometimes comes out to the result you want [and] sometimes it may not” also understands that “if it come out to the results that you want it to be, you’re good... even though you gotta pay that lawyer mad money.” She was also apprehensive about lawyers “not fighting right” or “bumping heads” with her. Mirta, shared similar reservations about lawyers. She said, “For one part it’s going to be good for you and for the other not. Sometimes it’s good for you because they give you what you want, but sometimes on the other side they do some injustice.” Thinking of legal problems as confrontations between opposing parties, Mirta expressed a concern for being denied her “rights” and that her rights and favor might be given to “the other side.” Her adversarial sense of the law was also evident in her description of lawyers as untrustworthy and avaricious. She affirms,

I don't trust lawyers. Finding a good lawyer, a truly good one that will help you without expecting anything in return is very hard to find. I think it's difficult to find a good lawyer... [Public attorneys] are not going to do anything for you. You're not paying them. Win or lose they are going to take their salary for their pockets. They are not going to put the effort that they should really put in as lawyers because you're not paying them anything... Lawyers are too expensive now. If you don't have the money and pay them on the spot, there's plenty of lawyers that won't take your case... I've always said that, 'the day I have a problem, I'm going to have to get a lawyer' and that's why I don't get them because I don't have the money to pay for a *good* lawyer." [Emphasis added]

In the end, despite the tremendous need for help, the women in this study often expressed ambivalent feelings toward seeking legal help. The barriers to framing problems as legal and then seeking legal help, are multifaceted and cumulative as evidenced by the accounts of the women above who describe more than one concern for drawing on legal resources. While these women recognize that legal services can be helpful, they also think that it involves long waiting times, poor quality service and money they don't have at their disposal. When considering legal consciousness, these factors help explain why marginalized group members express cynical, dismissive or negative feelings toward legality that are more practical than narratives of resistance suggest (Ewick and Silbey 2008). Therefore, practical factors such as money, quality and waiting may indeed be the most salient impediments to actively seeking legal help.

Absenteeism and the Legal Landscape of an Urban Neighborhood

The behavioral aspects of legal unconsciousness were most evident in the legal organization of community life. Beginning in the early months of my fieldwork in Dorchester, I attended community meetings throughout the neighborhood to get better acquainted with issues facing area residents and to note key players involved in the community. On most weekday evenings in Dorchester there was often at least one neighborhood/tenant association or crime watch meeting taking place. I attended over 100 such meetings. These forums served as opportunities for long-time neighbors to reconnect and for local residents to keep informed about local happening including crime in the area, upcoming events and to be greeted by local politicians. After attending several of these meetings, which all seemed to follow a similar format, I realized that I was observing an important aspect of the legal organization of Dorchester. However, I was struck by the fact that women, like the ones I had been interviewing for my study, were frequently absent from these gatherings.

The monthly meetings functioned as platforms for stakeholders to listen and be heard by the main legal actors at the neighborhood level- police and politicians. The stakeholders involved-- community residents (most often also home owners) business owners and representatives of local organizations had interests to protect (i.e. home values) and value-laden agendas to pursue (i.e. neighborhood safety and housing market stability). The police reported crimes and offered tips on community safety while the politicians- mostly city council members or local representatives in state-level or congressional districts- discussed constituent needs and concerns that they were addressing

and legislation and programs they were promoting. The exchange between them helped the parties involved to become better acquainted and work together toward common goals. Neighborhood level legality of this sort offers opportunities for everyone, at least presumably, to participate in formal legal processes in an informal and non-threatening way.

So why were so many low-income mothers, renters, residents of public housing not involved in such a powerful process that determined so much about their neighborhood life? Some of my respondents described their passivity as a consequence of not having enough time or that community involvement was a lesser priority compared to child rearing responsibilities. Others were completely unaware of the meetings despite the fact that they were advertised in various outlets including the free local newspaper (which is how I came to know about them). A more reasonable explanation for their absenteeism is a deficient feeling of belonging in the neighborhood and the lack of interests to protect in the process of legal organizations. When I asked community leaders why poor and minority families were underrepresented in the meetings, many reported various outreach efforts such as posting meeting announcements widely and knocking door-to door. Still despite their best efforts, they were unable to attract more community residents to the meetings. Whatever the reason, their lack of participation in neighborhood level legality means that their voices go unheard and they remain invisible to other legal actors that regulate their neighborhoods.

Transitioning between States of Legal Consciousness

Moving from one state of legal consciousness to another requires new

and different experiences with the law. This is especially true when legal experiences are limited and encumbered by social forces such as poverty. So what happens when some of the barriers to legality are eliminated and poor women with civil legal needs gain access to legal help that is free, high quality and does not entail long waiting periods? Half of the women in this study experienced such an opportunity through the Medical Legal Partnership for Children, where physicians referred patients to legal services. The kinds of cases that came up most for the families I interviewed were related to housing followed by family law cases including child custody and child support, immigration, educational rights and utilities hardships. The results in terms of how these respondents turned their conceptions of law and legality around are gripping and promising as they show how access and relationships can lead to greater legal awareness and empowerment.³¹

The data suggests that there are various stages in the process of developing legal consciousness. The first stage entails “learning legality” where victims become litigants through exposure to legality and enhanced awareness of rights and where applicable, how their rights have been violated. In learning legality, many respondents chose to share their newly-acquired legal knowledge with others in their social network. The subsequent stage involves “legitimizing legality” where the law, legal institutions and legal actors become integral part of how present problems are conceived of and handled. For study participants, this included viewing legality as a source of

³¹ One important methodological issue to consider is that I am *not* documenting individual transitions between states of legal consciousness because I collected data with participants whose cases were closed. The idea is that in having a comparable group of mothers with similar housing problems, I can compare how the availability of law shapes how law is thought of.

hope, change and empowerment. The successive level of legal consciousness includes “leveraging legality” where individuals become comfortable with employing legality and accustomed to more fully incorporating legal strategies in addressing problems.

Learning Legality

For many MLPC participants, engaging in the legal process by contesting justiciable housing problems turned out to be a unique learning experience. The subject matter they learned most about was their rights primarily in housing but also in immigration, education, employment and various other legal issues. This newly acquired knowledge or new rights consciousness developed in part because MLPC offered the possibility of legality within reach, where participants had opportunities to interact with lawyers who engaged them in the process and by doing so gained greater familiarity with their rights as tenants and legal proceedings.

Rights Awareness: “I’m a tenant, but I have rights too”

Mercedes came to understand herself as a tenant with rights after a long ordeal with a previous landlord where there were many “violations” in the apartment and she was forced out due to a foreclosure-induced eviction. She worked with an MLPC attorney who informed her throughout the process of her rights as a tenant and also about her legal recourse in responding to issues such as withholding rent and her legal right to stay in place until her concerns were met. Mercedes eventually moved to an apartment in a rent subsidized building where she was encountering minor maintenance issues such as a cracked toothbrush holder in the bathroom and a faulty light fixture

on the exterior of the building. Albeit minor, her intolerance for housing violations led her to this conviction, "I'm so sick of getting these Section-8 apartments where people just... They don't care how they're living. But I'm not your normal tenant, I'm sorry... especially coming from a lot of unsafe apartments and neighborhoods. I'm not gonna take it here... I want to let [the management company] know that I don't feel comfortable living here. I mean, I'm a tenant, but I have rights too." This time around Mercedes identified herself as a knowledgeable tenant who doesn't have to settle for poor housing conditions. Equipped with new knowledge gained from her previous legal procedure, Mercedes now distances herself from others who "just don't have the knowledge." She also expressed a self-assuredness that came from having her lawyer as a major resource. She notes, "I was very confident [but] if I didn't have my lawyer as one of my major resources I don't know what I would have done, 'cause, you know, I was just going through a lot [in that] period."

Leesha, a non-MLPC study participant, used an attorney to file a claim against her absentee landlord due to poor maintenance. The attorney she used was a family friend who took on the case as pro-bono service. Leesha eventually moved and dropped the case because the landlord was so hard to get a hold of but she said that working with a lawyer "was good 'cause I learned a lot about legal stuff that I didn't know when it came down to housing, that I know now." I asked her, "What are some of the things you learned?" And Leesha said, "that you can't let people just push you around and if you know that you're right, you're supposed to go all the way with it." This lesson was invaluable in terms of recognizing her rights but also in

acknowledging that pursuing them is also a necessary step.

Sharing Legal Knowledge

Tasha was once a manager of a housing development and in her job capacity, she became a “frequent player” in the legal sense (Galanter 1974). Tasha was regularly in court representing the housing development corporation in eviction proceedings and other legal matters. Her regular interactions in court led her to be, in her words, “more legal knowledgeable.” She said, “from being in property management, I’ve learned [not to be] afraid to take it to trial because the last thing the judge wants to do is put you and your children out.” Although that may have been her goal as the contesting party, she advises her friends and neighbors who are facing eviction cases to come to court prepared to make a “payment agreement” with some money in hand and a plan to repay back rent, even if in small installments. Tasha’s diminished fear of the law developed as a result of regular contact with courts, judges and the mediation process. She transferred her “legal knowledge” to others in her social circle, conveying a message that reflected the law’s willingness to cooperate with litigants who face critical social and economic circumstances.

Legitimizing Legality

Law as Hope

Yolanda, a teen mom hoped to “begin a new life” but doing so had been encumbered by her illegal immigration status. She says, “I hope that a law is passed. When I spoke to *my* lawyer, she told me that [to help me] they had to wait for a law to be passed but she told me not to worry because good

things are in store for me... She has given me lots of advice and [support]." There is no certainty about an amnesty law or other legal measure that would give Yolanda clearance as an undocumented person living in the United States. Yet, Yolanda's sense of the law is optimistic. When I asked her, "What do you think are some of the benefits of getting legal help?" She replied, "So that you can know your status... I came here as an illegal alien but I didn't know anything about these legal services or what I could get and [my lawyer] explained to me what are the benefits, [the risks of] deportation and my rights." Better informed about her immigration status, Yolanda understands that until a "law is passed" her work prospects and eligibility status for certain social benefits are limited. Nevertheless, she feels her life "has all changed for the best with the lawyer's help." Encouraged by her lawyer, she feels "I can get ahead for myself... and make it on my own." Her interactions with the attorney helped her to feel more confident in her own abilities, optimistic about her future despite being undocumented and hopeful that the law will eventually be on her side.

Law as Change

Vivica was referred to the law as a last resort in her battles with the conditions of urban blight. Feelings of desperation and diminishing hope led Vivica to write a letter to her children's pediatrician, which described conditions of extreme violence, drugs and idleness among neighbors and recounted a recent incident involving a shooting on her block where her 15 year old son, was only steps away from a gun shot. She described how the noise and disturbances coming from the street kept her up at night, and how when she wasn't home, she was constantly "in a panic" about her son's safety.

Vivica felt that she had nowhere to turn and knew little about resources available to people in her situation. She was assigned an MLPC lawyer who could do little to help directly via legal representation or ameliorating the conditions of violence and idleness among her neighbors, but the attorney did plant a seed that would eventually change Vivica's life. During one of their meetings, the MLPC attorney encouraged Vivica to move and pay market rent for an apartment in a better neighborhood. Vivica recalls that the lawyer told her, "You might have to pay a little more but in the long run it'll be worth it to get you out of there." Following this advice, Vivica "took a chance" and moved to an apartment in a quiet residential neighborhood. In retrospect, she thinks moving was one of the best decisions she has made for herself and the family. They now live peacefully with more space and greater peace of mind. Moreover, Vivica thought that working with an attorney was "helpful" but in terms of going back for more services, she says "No, I haven't, but at this point I feel I got the confidence to be able to get out there and do it myself." Legal advice in Vivica's case, gave her the reassurance that she needed to sever her life-long ties to a subsidized housing complex and a crime-ridden neighborhood and to become self-sufficient. An added benefit of making that move, led Vivica to express increased self-confidence as a result of going through the legal process and a willingness to return to legal services in the future, if necessary.

Law as Empowerment

The first time Angelique worked with a housing advocate she was nineteen years old and had faced overt racial discrimination in trying to obtain an apartment in a ritzy area of Boston. Her legal advocate at the time informed

her of her housing rights and gave her pointers about how to handle various housing issues and identifying unlawful discrimination. More than twenty years later those lessons remain relevant. “Now,” she says, “I read my leases from front to back” and “initial or sign only the things I agree to [/with].” She is very comfortable advocating for herself because as she states, “It empowers me, you know, to know that I’m fighting for the right thing, to know that I can win.” In comparison to others, though, she laments:

It’s sad because a lot of people don’t know their housing rights and they’re very intimidated. They don’t know that if something’s not fixed in their apartment that they can stop paying their rent and put their money in an escrow account. They fear that if they don’t pay this month’s rent, the landlord is gonna put them out. If I go to court, they’re gonna be on the landlord’s side ‘cause the landlord has the power. They don’t look at the power within themselves because they don’t know how to advocate for themselves.

Angelique describes herself as the “go to” person in a current dispute with the management company in the housing complex where she lives. About her default role she says, “I really want to advocate for the people here and go up against the manager but I like to be prepared... When she brings out the paragraph, I want to bring out the articles. I’m going to find out exactly what our rights are [in order to] advocate a lot better, be more efficient, and also try to find a legal aid or a lawyer that would work with us.” Angelique’s long history with housing disputes allows her to navigate this process as a confident leader willing to use legal resources to help her and her

neighbors confront their management company in an empowered and fearless manner.

Leveraging Legality

"Just In Case" Legality

Legal advocacy in Deena's case helped secure an emergency transfer through the Boston Housing Authority (BHA) when her 17-year-old son was shot and the family feared returning to their old neighborhood. To safeguard the family against the possibility of further violence, the legal intervention helped the family obtain priority status for placement in a BHA unit in a different Boston neighborhood. Deena comments, "my lawyer helped me get the emergency transfer. She helped. Actually, she also got it so some group ended up paying my deposit." The attorney made certain that Deena had access to services that she needed and was entitled to and Deena considered this a "big help." The lawyer's action thus helped to preserve the family's housing subsidy while also protecting their safety and stability. She also notes that she keeps her attorney's contact information in her cell phone "depending on if I had a situation where I thought this service could help me." Having stored her lawyer's information, Deena is equipped with a legal resource that might be useful "just in case."

Owning Legality: "I'm Gonna Call my Lawyer"

Mrs. Stone has accumulated a large debt with the gas and electric company because her home is not well insulated and the appliances are older and not energy efficient. She made every attempt to make payments to the utility companies but the gas company eventually shut off her services due to

large arrearages and non-payment. Mrs. Stone called the gas company frantically to see what her options were and shared her situation with her doctor, who then referred her to MLPC. The MLPC lawyers contacted the gas company representatives to quickly reinstate Mrs. Stone's services and arrange a payment plan to avoid future shut-offs. When I interviewed her, Mrs. Stone was facing a similar dilemma with the electricity company. This time however she said, "I'm gonna call my lawyer." Though dealing with a similar problem, she now feels less worried because she has a place to go and has high expectations of what "her lawyer" can do to help "protect the lights" and ensure her rights. She learned to capitalize on her relationship with the attorney and use legal services as a perpetual resource when confronting her chronic utilities hardship. In this way, Mrs. Stone began to use the law and her lawyer's services instrumentally and on a recurring basis to protect her interests. She took ownership of "her lawyer" and utilized legal services in the way that more privileged people do when they have attorneys on retainer and feel entitled to have a lawyer.

Discussion

In the legal consciousness literature there are three key instances in which there are shifts in consciousness among disadvantaged group members, namely women, people with disabilities and undocumented immigrants (Abrego 1998, Engel and Munger 2003 and Merry 2006). The notion of gaining rights or becoming aware of rights is unique in each instance and the empirical findings from these works compliment the findings shown here, which I would characterize as more closely related to shifting consciousness among the poor. Abrego (2008) states, "despite attempts to enhance and

protect interests of marginalized groups, targeted beneficiaries rarely invoke civil rights laws” (p. 2). While this is most obviously demonstrated by staggering statistics that indicate keen disparities in how minorities and the poor make use of the civil justice system, a significant issue at the core of this debate is the sentiment of legal entitlement which disadvantaged group members often lack given their interactions with both legal actors and institutions and other bureaucratic processes. Deterred by powerlessness, lack of resources, discouragement by legal institutions and authority figures among other negative factors, vulnerable group members often face many disincentives to mobilize the law and enforce their rights. Still, the shift in consciousness that occurs shows the potential benefits associated with greater incorporation of legality among disaffected peoples.

Immigrants- Abrego (2008) analyzed the effects of the California Assembly Bill 540 (AB 540), which provided undocumented immigrant students with an exemption from out-of-state tuition rates making higher education more accessible. Abrego demonstrates how the effects of this policy came to include positive identity formation, whereby the AB540 policy facilitated the assumption of a more neutral identity as “students”, thereby reducing the stigma of their undocumented status. The AB540 law also helped to provide eligible students with a sense of legitimacy as rights-bearing constituents that were more confident in invoking the law and felt more at liberty to make claims regarding their rights. Abrego attributes meritocracy to helping shift her respondent’s perspectives in the mobilization of law. I would challenge Abrego’s use of the meritocratic framework (which works mostly in education and perhaps employment cases but not all legal cases) to suggest

that she is indeed also referring to a new-found sense of legal entitlement. The AB540 law, which made it possible for undocumented immigrant students to pay in-state college tuition, opened up the possibilities of legal mobilization by making a law that is pro-undocumented students. Doing so meant that undocumented students had a new opportunity to feel entitled to legality, where the law worked in their favor and they gained confidence in approaching and using the law.

People with Disabilities- Engel and Munger (2003) describe the relationship between identity and rights as it relates to people with disabilities. The authors suggest that for Americans with disabilities, “identity, rather than legal competence or rational choice, is the appropriate starting point for exploring how rights become active” under the Americans with Disabilities Act (ADA) (p. 40). The authors show that the link between identity and rights explains why some people are more or less likely to invoke the law. They argue that the self-conceptions of people with physical and learning disabilities allow them to think of themselves as having or lacking the right of inclusion in social settings such as work. Engel and Munger found that while no one in their study invoked the formal legal process even when there was a clear legal premise for rights claiming, the sense of rights provided by ADA legislation transformed self-perceptions to include a sense of rights around social inclusion, impacted cultural and discursive shifts in how people think about, discuss and negotiate their status as citizens with disabilities and lastly created a context in which the role of rights that became central to individuals self-perception as social actors with rights to certain accommodations and the legal requirement of nondiscrimination. Combined the transformative effects

of the ADA policies had important implications for new identity formation regarding a newfound sense of entitlement to rights for people with disabilities.

Women- Merry's work on human rights and gender violence explores how the introduction of rights provides women with an additional "layer" by which to frame their injuries in conjunction with previous conceptions of family ties and care. Her findings suggest that a rights framework is adopted slowly and with some hesitation by men and women who are required to take on new and different identities in relation to the law. How this transpires is dependent upon the social landscape and how people (particularly battered women) are treated in their attempts to call upon the law to intercede in their personal relationships. The author cautions however that "only if there is institutional support for this perspective will this new subjectivity be sustained." Thus when the rights claims are heard and respected, those seeking justice through rights are more likely to further develop an identity as a person with rights. Conversely, the dismissal of claims as shown in Merry's (1990) earlier work results in people feeling less entitled to use the law.

Legal Entitlement

The formation of an identity of legal entitlement requires exposure and opportunity to the various aspects of the legal realm. Disadvantaged group members often face unique barriers with respect to meeting both of these conditions. Regarding housing problems and associated rights, many laws exist on the books but the formal legal process is rarely invoked by affected group members. Interestingly, the process of claiming rights led several

women in my study to consider the law differently when the law, lawyers and legal practices were made available to them in a non-threatening and convenient manner. Participants in the program began to feel more comfortable framing and challenging various problems legally. This was facilitated, of course, by trusted physicians who acted as conduits into the legal realm. Few participants, as evidenced by the comparison group would have otherwise had real or perceived access to legal remedies. Entrée into legality not only formed a bridge into an untapped legal world but would also allowed some families to assume a more permanent tenure in legal terrain. As these families became more aware of their rights and various legal procedures, they became more familiar, knowledgeable, comfortable and accustomed with treating their problems as legal and to considering problems that surfaced subsequently in the same way or to hold on to the lawyer's contact information just in case they need their services in the future.

From the data shown here it is evident that families with access to legal services through the Medical Legal Partnership for Children and other legal outlets had a better understanding of legality and the legal process and were able to frame and challenge problems legally. The doctor's role as a trusted intermediary helped link needy families with legal services and also created a more trusting rapport between participants and attorneys that helped overcome ambivalent or negative conceptions of attorneys expressed by families in the comparison sample. The main difference in the legal consciousness between program participants and non-participants is a newfound sense of legal entitlement that surfaced from the positioning of a well-structured program that helped carry participants through the

developmental stages of legality which ultimately allowed families to realize that legal remedies are helpful and effective. The comfortable rapport and positive relationships that clients and their lawyers formed enabled future contacts and the sense that they could turn to lawyers during difficult times and to handle particular legal problems.

The way this process works is as follows: socio-economically disadvantaged mothers raised their level of rights awareness and attained new legal knowledge and felt encouraged to follow through with their cases and not relinquish the fight for their rights. The legal knowledge obtained made it possible for families to know their status, share what they knew with others in their social network and feel empowered as evidenced by an increased sense of self-efficacy, less fear, more confidence and greater valiance against more privileged people and institutions. The fact that many respondents continued to keep in contact with the attorney who handled their case suggests that they understood, independent of their physician, the value of having a lawyer on retainer. Still these are the consequences of legal participation and the fundamental reason why this occurs is as I argue, a shift in legal entitlement. Therefore keys to the transitions in states of legal consciousness are a) exposure to legality, b) encouragement and empowerment on behalf of, in this case doctors and lawyers, such that program participants are made to feel comfortable and supported through the process of rights claiming and c) entitlement to legality whereby individuals willingly exercise legal privileges.

While there may be other factors present, one of the main differences between study participants who used legal services versus those that did not was their sense of legal entitlement. By legal entitlement, I am referring to a sense that measures of legality such as using a lawyer, going through the court system, involving police in various disputes or being active in the political process are viable options and available resources in the resolution of everyday problems. Having a sense of legal entitlement allows individuals to believe that turning to law and formal legal processes may have some underlying benefit that outweighs inconveniences and other obstacles. A sense of legal entitlement helps marginalized group members engage in the legal process and find new avenues of rights claiming. In contrast, lacking a sense of legal entitlement because legality is perceived to be unavailable or because, as a norm it fails to be mobilized, may give a signal to potential litigants that their claims are delegitimized by the system. A lack of legal entitlement may ultimately lead to suspicion about the law and legal practices and/or lead some of our most vulnerable members of society to be susceptible to a legal unconsciousness- particularly over time. Legal entitlement differs from legal consciousness as it represents the practical side of the mobilization of law whereas legal consciousness reflects how the law is perceived and its therefore more theoretical.

The revictimization thesis espoused by Bumiller (1998), or the idea that marginalized people that turn to the legal system for recourse with their problems, seems plausible in the sense that families with housing problems, for example, have to face the reality that they don't have the power or resources available to landlords that would allow them to properly fight a

case. And even if turning to a lawyer would help, the placement of legal aid attorneys or students in training is ranked much lower than a private attorney, which many of the families acknowledge is beyond their financial reach. Quality also matters as many of the clients described a scenario where they had been turned off to the idea/dismissed the prospects of going to a legal aid attorney because they would not get the personal attention they would like (as opposed to what a private attorney would be able to do). This is because public attorneys are severely short-staffed and overworked and therefore could not possibly take a more personal approach to their case. Unfortunately, this means that many socioeconomically disadvantaged people must face the legal system equipped with deficient resources of various kinds and this reality often reinforces their powerlessness vis-a-vis their landlords and the system more generally.

Still if powerlessness is prohibitory in terms of people accessing the justice system then empowerment is the result of doing so. An important result of families using MLPC attorneys was its impact on “empowerment.” In fact, when I asked about the role of lawyers and what they mean to my respondents, many stated that they had “power”, a quality which many of them lacked. Lawyers had the power to stop landlords from harassing them. Lawyers also had the power to protect their client’s interest be it in family court- to get custody of grandchildren, to explain rights (Mercedes) or to request more time in court (Kathy). At times, merely the mention of their status as lawyers helped motivate compliance or cooperation which helped balance power differentials between MLPC clients and their landlords. Other respondents expressed a sense of empowerment in their ability to handle

problems on their own if they came up in the future (Deena) or in taking ownership in having access to a lawyer (Mrs. Smith).

Thus, in considering the factors that matter in shifting poor women's consciousness from victims to litigants, or mere renters to tenants with rights, they include accessibility, quality and support. Feeling entitled to legality requires a shift in the personal perspectives of women that engenders more confidence in the system and the process and enables women to not only be help seekers but also to develop a sense of themselves as more self-sufficient and self-efficacious. Therefore the underlying principles that might serve as guiding posts are embedded in social work principles which champion a careful interplay between help and empowerment. Getting to the point of legal entitlement also is in part a result of the interactions that poor women have with legal actors and legal institutions. These interactions can help develop or diminish an identity of legal entitlement. The interface of law as help comes in reducing barriers that make legality intimidating and difficult to penetrate.

Legal exclusion might be broken through proper interventions that help vulnerable people transition between the states of legal consciousness. Part of the formula that works in the MLPC program and that makes it unique is the fact that the program is based in an institution where people have less fearful associations, more common interactions and greater expectations of receiving help. For as much as scholars in the field of law and society have come to understand the law and legal institutions as hegemonic and instrumental in reproducing inequality, the culture of law requires an

adjustment whereby it is welcoming and encourages individuals to pursue their rights. If this is impossible, then like MLPC, doctors and others will have to usher the poor in the direction of their rights and by the mere exposure, people will be more willing and likely to developing identities as rights-bearing people regardless of their social status.

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CHAPTER 5

ROACHES AND RATS: CHEMICALS AND CATS::

STRATEGIES OF ACTION AMONG

LOW-INCOME FAMILIES WITH HOUSING PROBLEMS

Introduction

Housing problems are among the most basic and common problems facing low-income householders. With problems that range from affordability to pest infestation, low-income heads of households must decide how to make the most of limited budgets and how best to protect their family from safety hazards and other dangers. No matter what residents choose to do, many of these problems require strategies of action. Moreover, several of these housing challenges constitute legal infractions but it is recognized in the literature that low-income individuals are less likely to engage in legal action (Daniels and Martin 2007). In this paper, I investigate non-legal alternatives to coping with justiciable housing problems in order to understand how families manage housing-related legal problems outside of courts and without the use of attorneys and judges or mediators and advocates.

This paper examines families' strategies for managing and coping with housing and neighborhood hardship, particularly focusing on uncovering their unintended consequences on family stability and child/family health and well-being. It addresses my second (of five) research questions: "What strategies do families use to cope with adverse living conditions in their home and neighborhood environments?" I use the "strategies of action" framework originally espoused by Swidler (1986) to further explore the management and

coping strategies employed by low-income families when confronting various housing-related hardships. Some sociologists have examined strategies used by poor, minority women for the purposes of danger management (Jarret and Jefferson 2004), caretaking (Stack 1974) and making ends meet (Edin and Lein 2001). However, housing is a particularly rich area to examine strategies because managing a home requires not only balancing finances but also maintaining a decent environment that is safe and healthy for inhabitants. Moreover, the ambiance at home can at once harbor or hamper elements outside of the home in such a way that home can act as a safe haven or a danger zone where risks present at home may even encumber the ability of householders to effectively engage in the social world.

Given the importance of the home environment, the strategies that heads of households employ to maintain the home are salient, especially so because these strategies can produce unintended consequences that may exacerbate health hazards in the home or create instability in housing. Therefore, I extend the strategies of action literature by investigating the strategies that disadvantaged families use and how they might develop alternative strategies that complement their existing efforts and may prove to be equally and more or less effective at resolving problems.

The analysis draws on strategies employed by families in similarly deficient housing and neighborhood contexts and compares two groups of families, half of which have accessed legal services through a medical-legal partnership at community health centers and a local hospital and a comparable group of families who do not have access to said legal services.

The findings are based on qualitative methods, including in-depth interviews with 72 respondents and a year and an 18-month ethnography of an inner-city neighborhood in a Northeastern city. The study shows how these women as a group apply different coping strategies to the many housing-related problems they face and proposes the possibility of expanding the use of legal services as a resource tool to compliment the approaches many of the families have in place.

This paper proceeds, first, by detailing the theoretical framework of strategies of action and how it applies to the housing context of low-income families. The second section describes the various strategies for coping with housing hardships noted among respondents as exemplified by detailed quotes. Finally, it presents an analysis of the patterns in the type and use of strategies followed by a brief discussion and conclusion.

Background and Literature Review

The term “strategies of action” was coined by Swidler (1986) who wrote about culture in terms of symbols and strategies, toolkits and repertoires.³² In this seminal work, she argues that culture influences how people consider actions to be taken in settled and unsettled periods. However, she moves away from values as the driving force behind human behavior and instead offers a novel analysis of culture which describes “culture’s causal significance not in defining ends of action but in providing cultural components that are used to construct strategies of action.” In this regard, she views culture as a

³² While this article is dated and aspects of the argument have been refuted, for the purposes of this paper the strategies of action framework is especially useful.

“‘toolkit’ of symbols, stories, rituals and world-views, which people may use in varying configurations to solve different kinds of problems” and focuses on “strategies of action” which she defines as “persistent ways of ordering through time.” (273). She goes on to note that “culture is not a unified system that pushes action in a consistent direction; it is more like a tool kit from which actors select differing pieces for constructing lines of action” (277).³³

Swidler (1986) makes a further distinction between settled and unsettled cultural periods or phases in an individual’s life. She argues that new strategies of action are established in unsettled lives because culture has a diminished influence on social action. Yet, during settled periods, culture strongly defines how people act but does so in a restricted manner so that people draw upon conventional strategies of action rather than creating new ones. Applying the notion to the then current debate around the “culture of poverty” Swidler notes that the focus of previous cultural analyses had traditionally been on values and that despite the differences in the ends, the values of poor and non-poor persons were rather analogous. The strategies of action approach corrected this flaw by departing from values as a causal mechanism and suggesting that people use culture to collect “strategies of action” that allow individuals to organize action that might allow them to reach several different life goals (277).

Swidler explains in greater detail her conceptualization of strategies of action. She writes,

³³ I do not wish to make further claims here about culture or engage in the broader debate on culture and its relevance to sociological inquiry.

The term "strategy" is not used here in the conventional sense of a plan consciously devised to attain a goal. It is, rather, a general way of organizing action (depending upon a network of kin and friends, for example, or relying on selling one's skills in a market) that might allow one to reach several different life goals. Strategies of action incorporate, and thus depend on, habits, moods, sensibilities, and views of the world (Geertz, 1973a). People do not build lines of action from scratch, choosing actions one at a time as efficient means to given ends. Instead, they construct chains of action beginning with at least some pre-fabricated links. Culture influences action through the shape and organization of those links, not by determining the ends to which they are put.

Strategies of action conceptualized in this way not only take into account differences in how circumstances and problems are perceived but also how people view available resources both personal and external. One particular strength of the strategies of action framework is that it does not assume a particular end as desirable, correct or known, instead people use the tools they consider to be available to them to take action in what they assume to be their best move at the moment. It suggests that people act by taking an inventory of possible actions and moving forward in the direction that seems to best suit their needs and constraints. Strategies may be recycled or refashioned to meet new requirements but they may also be created particularly during unsettled periods.

Housing problems constitute a challenge as well as an opportunity to draw on strategies of action. Therefore, the strategies of action framework is appropriate for the present analysis given that the driving research question is based on not only on how problems are perceived but also how they are acted upon. Of particular interest here are people's orientation to problems and problem-solving and how these approaches vary across respondents and problem types. The following section summarizes previous literature regarding strategies employed by many at-risk families in order to manage the challenges of their living conditions through tactics to avoid neighborhood danger and violence, financial strategies to make ends meet and resource mobilization through social networks and strategically navigating institutions.

Managing Danger and Violence

Existing sociological literature related to coping strategies within inner-city housing projects has focused largely on parental responses to neighborhood danger and violence. Jarrett and Jefferson (2004) provide a framework which describes the strategies that women living in an inner-city housing project employed in order to manage impending neighborhood danger. The authors found that women developed coping strategies to shield themselves and their children in response to community violence through non-confrontational and family-centered tactics. The authors note four main strategies including a) *monitoring the environment* through awareness and recognition of potential sources of danger, b) *avoiding danger* and maintaining *limited social ties*, c) implemented self-imposed *curfews* to avoid danger in the street after dark and d) cloistering in the home which "entailed relegating large portions of family life to the home" (144). Using these strategies helped

women feel responsible for their personal safety as well as that of their family, although it also limited collective action among women in the community. An added cost not discussed by the authors but elaborated on here in this paper is that while home-based strategies may function well to avoid neighborhood violence, under substandard housing conditions, this approach may exacerbate quality issues and crowding that enhance the risk of hazard to children and increase family tension, particularly as children get older.

Making Ends Meet

In a study about income and expenditures among low-income working and welfare single mothers, Edin and Lein (1997) found that earnings from work and welfare allotments did not fully cover household expenses. In order to make ends meet, single mothers used several survival strategies to supplement their income, one of which was shared housing. This strategy involves multiple families living in single dwellings in order to afford housing costs. Especially prevalent in high rent areas such as Boston, shared housing represented a major hardship (18%).³⁴ While shared housing as a survival strategy may have made rent more affordable, it also caused residences to be more crowded leaving inhabitants at greater risk of communicable disease transfers and other risks associated with overloaded home environments.

Resource Mobilization

In the past, African American families were found to use elaborate network-based strategies to cope with inner city poverty. They formed large,

³⁴ Other housing related hardships were also evident among Boston families including, residence in public housing (26%) and at least two housing-quality problems (38), all of which were significant at or above the 95% confidence level.

resilient, lifelong support networks based on reciprocity and powerful, complex and highly structured kinship and friendship ties (Stack 1974). At the time, network-based strategies were more effective than institutional resources; however, decreased social capital (Blau 1991; Lin 2000) along with declining inner-city institutions (Wilson 1987, 1996; Massey and Denton 1993) has prompted low income families to explore other modes of coping and strategically navigating existing institutions. In welfare, for example research has revealed that despite state sanctions that require working fathers of welfare mothers to pay child support to the state, mothers and fathers alike devised ways of avoiding this obligation by withholding information. Going through the conventional method of state payment of child support meant that welfare families would receive a 'pass through' of \$50 and any excess would serve to reimburse the State which often disappointed both parents. However, by not reporting, mothers received more direct and a larger amount of financial support from fathers and also avoided what was often perceived as the criminalization of fathers to the satisfaction of both parents (Edin and Lein 1997; Waller 2002). Bypassing both formal (legal) institutions and facing limited network resources due to greater isolation, families are more confined in confronting problems that might be better addressed with through social and institutional contacts.

Based on the literature cited above and the central research question, strategies employed by disadvantaged families to cope with justiciable housing problems (as described in Paper 1—Litigating Health Risks) but are non-legal in nature are of particular interest to this study. With the premise that legal remedies are limited but available, I am investigating alternative

approaches to legal problems whereby in a culture of limited litigation, poor householders have adopted other (non-legal) strategies to contend with housing problems. My analysis is therefore rooted in considering housing problems with potential legal remedies and how families are dealing with these problems without integrating legal strategies.

The varied strategies and the multiple ways in which these strategies are employed indicate that there are many ways of approaching the wide array of problems that parents and heads of households face. Moreover, low-income mothers (particularly single mothers) confront additional burdens associated with limited financial resources and more constricted network capacity which often complicates the process of finding appropriate and effective strategies. In the following section, I will describe some of the more common strategies used by respondents facing housing hardship beginning with a strategy based outside of the home.

Safety Strategies

One set of strategies that are important to note as fundamental are the neighborhood safety strategies that the overwhelming majority of families I interviewed employed. Considering these neighborhood-oriented strategies was the partial answer to the question of strategies of action, which became evident early in the research process and was later confirmed by nearly every respondent in my study. The connection between the home and neighborhood environments produced a common and consistent strategy among low-income householders that occurred in response to the conditions of poor urban neighborhoods that were perceived to be unsafe. These neighborhood

strategies marked not only how people responded to the neighborhoods they lived in but also why the home environment is an important unit of analysis when considering direct environmental stressors that affect low-income householders in inner-city communities. Using language coined by Jarrett and Jefferson (2004), these "danger management" strategies employed by predominantly single mothers in my study add credence to the importance and relevance of thinking about housing problems. The types of approaches that people use varied somewhat but were generally consistent. The danger management strategies to which I am referring here take the form of a) avoiding the streets and limiting outside interactions; b) staying home and restricting family activities to the home or to certain times during the day; c) knowing your neighbors and sticking together but still "minding your business." Neighborhood strategies are best characterized as preventive measures to avoid violence, drugs and crime that demarcate inner-city living.

When I asked Quanique, from Neponset Health Center, "what are some of the ways you keep your children safe in this neighborhood?" She responded, "we avoid the areas that are known for violence, or known for [troublesome] people-- especially in the summertime, we really stay down here as often. We try to be everywhere but here." Sabrina, a Harvard Street respondent with four adolescent children explained that she feels safest when she and her children are "in the house [and] as long as they are with me... I just don't feel safe with them walking the streets around here."

Kandree, from Dorchester House says, "Safety's and issue in every neighborhood but we just try to live, try to stay out of trouble [and] mind our

business." Joanna states, "So far so good. Thank God nothing's happened. If you mind yourself [your business] and always be alert you'll be okay. But sometimes that doesn't always happen." However, some mothers chose to limit their personal networks by not establishing relationships with neighbors and other community members. Mirta limits her associations with strangers and does not allow unknown parties to be around her children. She says, "I try not to bring anyone to the house. If someone comes to the house I must have known them for some time. I really try to monitor who the children speak with, always trying to ensure that they don't just befriend everyone. I'm always aware. I don't know. It's the only way that I can feel safe with the children." Jackie, has a similar approach and notes, "Even though I say, 'hi' and my goodbyes to some neighbors, you know, I stay to myself because I don't really socialize too much. I figure if you're too in people's business you're just gonna get you know, problems. So I'm to myself. I don't have time to go around..."

Staying home for extended periods of time in response to neighborhood conditions prolongs exposure to health risks under unsafe or sub par housing conditions which increases likelihood of injury and illness associated with conditions such as mold, lead paint, extreme temperatures (too hot or too cold), allergens and infestation. Many respondents used this approach in response to their perceptions of their neighborhoods as unsafe. When I asked Katherine, a standard question on the interview protocol, "Is there anything that you do to stay safe in this neighborhood?" Katherine replied, "[I] stay in the house with my baby." Kelly also said, "We don't go outside. If we don't need to be we don't go outside. I don't socialize with

people. I don't sit on the porch. I just stay in here." Another respondent, Veronica notes, "I try to keep my son in the house as much as possible and I never would go outside too much either myself." Restricting family activities to the home environment reduces opportunities for physical activity and the development of social networks with neighbors and other members of the community.

Other respondents avoided the streets at certain times of the day, particularly at night. Robert, one of two fathers interviewed for this study, says that his safety strategies are, "Basically what I do is I try to do everything early and be home at a certain time and just stay home, even though at home you don't feel safe anyways, but..." Tasha employs a similar approach, she says, "I don't be outside late at night and that's about it. I've been here a long time so I know everyone and everyone knows me. What they would do to a newcomer, they wouldn't do it to me. I don't have the kids out late 'cause a lot of things can happen at nighttime." Tasha goes on to describe what she would do if ever she were ever in an unsafe situation. She explains,

I thank God I haven't needed the police but if I did and I thought my life was in threat, I would say, "Officer down," and I would deal with the judge when I get there... When I was young, my mother told me to say they're beating up a white woman in the hallway. Now see, what has really changed? Just the technique. You know what it's gonna take to get the police out here? If there was a white woman up here back in the '70s or the '60s getting beat up in the hallway, please. This whole place would be surrounded. Everybody would be under arrest, everybody. But now, if you say a police down, they'll come. If someone

gets shot, you say a police down. You say somebody got shot they're gonna take twenty, twenty-five minutes, the man be done died or something. Unfortunately it's sad, but it's true.

Tasha's account of what she would do if her life was threatened or if there were some other sort of emergency in her home or near her building involved a strong race and social class consciousness, whereby she understood that certain lives were more greatly valued both historically- white women- and contemporaneously- police officers. Her understanding of social hierarchies based on race, class and other markers of status helped her to develop a schema where she played on, even if knowingly deceptively, and planned to exploit notions behind presumed social pecking orders to meet the end of getting the fast attention of authority figures in this case the police.

These tactics used to ensure family safety from neighborhood elements demonstrates how and why the home environment is increasingly important to study since less exposure to the neighborhood environment frequently equals more time spent at home and thus more contact with facets of the home context that might endanger the health, safety or well-being of householders. Inside the home, families are coping with a wide range of housing problems that involve the physical condition of the home as well as the material resources necessary to maintain the home (housing hardships are more fully explained in Paper 1- Litigating Health Risks). The strategies that families employ are commensurate with the type of problem but vary with respect to resourcefulness, efficacy and degree of involvement. This however, is further analyzed in the subsequent section.

Ensuring Quality Strategies

Infestation management

Roaches and Rats, as the title of this paper suggests, are common problems for families living in older, more decrepit homes where landlords exterminate less frequently and where the infestation is such a big problem that has proliferated overtime that it is nearly impossible to contain or eliminate completely. In dealing with housing quality issues families often confronted common problems such as mold and infestation by taking matters into their own hands by, for example, using chemicals and cats to tackle roaches and rats or patching up holes and self-insulating drafty windows and doors. Faith from Dorchester House said, "I ended up having to get a cat because of the mice. I had the mice come to the stove, on top of the stove, come from under [the stove]. So the cat had to get the mice." Joanna also had a mice problem, her rodent troubles stemmed from living above a restaurant and having a negligent landlord. She had many holes and other opening in the walls, floors and ceilings of her unit, which is how the rodents entered her apartment, a condition that she said worsened in the winter. She explained, "Yeah, there's too many of them [holes]. I tried patching it myself. I tried getting my own hands in there..."

Theresa from Harvard Street has an elaborate scheme to control a chronic roach problem, "I don't really have a lot of problems that would make me really, really angry. Just the roaches and what I do is just put it under my control. I just buy Raid and I buy the sticky things. The mice traps are something I learned... the gluey thing will catch roaches. So when the roaches are running by, they gonna stick to it." Later in the interview I saw Theresa's

method in action as she sprayed the wall behind the sofa where she was sitting while we spoke. After spraying the roach with an oversized bottle of Raid she noted, "We might get asthma from the spray but not from the roaches." Indeed, as Theresa asserted, many of the chemicals used to deter infestation are toxic and have been found to contribute to or exacerbate health conditions such as asthma and other respiratory disorders, allergies and some chemicals are poisonous, if ingested.

Housing Affordability Strategies

Housing affordability strategies employed by the disadvantaged heads of households were the most elaborate schemes in the strategies of action. They include juggling financial matters by a) finding ways to make housing more affordable by applying for housing subsidies and doubling up with other family members or non-relatives to split housing costs and b) making ends meet through tradeoffs, prioritizing household budget items and pooling resources among householders and neighbors. Elaine, from Bowdoin Street describes setting her priorities between food and household bills, "the thing is no matter how much we try to get ahead we just can't." It's either we pay for food or we pay for the bills so I told my boyfriend, the reality is I have no other choice but to let the bill [go], the food's more important." Prioritizing and/or juggling bills produces an atmosphere of instability for families as they are in a position to be fearful of eviction due to lack of rent payments or when the utilities are on the brink of being shut off. Many use unconventional heating methods to warm the home when utilities are actually shut off such as space heaters, ovens, or just uncomfortably cold conditions in the home. Residents are also at risk of gas and toxic poisoning- such as carbon monoxide

and other toxins- that are conditions that can lead to injuries due to fires, asthma and death among other health risks. This may also lead to food insecurities and an inability to maintain the home putting families at risk of hunger and malnutrition as well as homelessness and crowding in the home.

Kelly shared her strategy to get an apartment through the Boston Housing Authority, which basically meant “going homeless.” Kelly lived in a shelter in a Boston neighborhood for a relatively short period of time, five months. At the end of her term, she received a housing voucher through Section 8, which subsidized her rent. She says, “I decided to live in a shelter ‘cause your case comes up quick when you're in a shelter [because] you're considered homeless automatically... With a kid you go, ‘yeah, I'm a teen parent too.’ So you're priority. You're automatically first-priority to them.” While BHA warns that it takes most clients an upwards of five years to be placed, “going homeless” is a short-term sacrifice that pays off with a priority placement and a shorter waiting period for subsidized housing.

Resource-based Strategies

Families approached a broad range of housing problems using resource-based strategies that entailed seeking external support and relying on network relationships, formal and organizational assistance and spiritual guidance and prayer. Some resource-based strategies involved expanding networks usually by reaching out to local organizations or by isolating themselves from neighbors to remain safe. Seeking help for various housing needs was an important approach used by many families. Through utilizing services rendered by neighborhood based organizations such as community

health centers and local social service agencies, families accessed information and help from social service workers that was often subsequently shared within social networks. Yolanda, from Upham's Corner said, "I know a lot because I'm always looking for help." Acknowledging the wide availability of resources Mariah, of Codman Square Health Center said, "If you know the resources, [Massachusetts] is the state for women who are trying to get on track." The organizational ties formed based on needing help provided these mothers with resources and personal connections to individuals that could broker information and emotional support through the process (Small 2008).

Some families relied on a higher power and spiritual belief to get through their problems. Shirley, also of Codman Square, was looking to get a transfer to move from a Dorchester housing development that was undergoing demolition and reconstruction. She said, "I'm hoping and I'm praying. Everyday I get down on my knees and I just pray. I just hope that, you know, this housing comes through for me because I'm just greatly affected by it."

The various approaches featured here span the spectrum of common housing problems among poor householders and reflect the multiple ways in which people consider and act upon the issues they face. Previous experiences, human capital, information and the knowledge and advice from members of one's social network all matter in terms of how people form strategies of action. In the following section, I present an analysis of the multiple responses to coping with problems that result in the strategies of action surveyed above.

Discussion

The varied approaches utilized by the women in this study can be viewed as orientations to problems and problem-solving behavior more broadly. While some strategies were more effective than others and were variously incorporated into the repertoire at different times and based on unique circumstances, respondents expressed four main responses to their problems in that they were able to eliminate, repair, endure or evade their problems. Problems are eradicated when the problem is removed or the people move away from the problem(s). Likewise, problems are repaired when the householder or landlord fixes said problem(s). Problems are endured when people accept usually with resignation or with stress that the problems exist but feel there is no other choice than to live with the problem(s). Finally, problems are evaded when householders choose to avoid the problem(s) entirely and opt not to act in a way that might directly approach the problem at hand.

The problem solving strategies are multi-dimensional in that several approaches may be utilized to tackle a particular problem or set of problems. The most effective problem solvers were those that incorporated a combination approach, whereby several strategies were used simultaneously. The combined strategy approach usually helped families to most effectively tackle ongoing and difficult housing troubles. In housing affordability hardships, for example, these efforts might constitute using a juggling scheme with household expenses along with applying for subsidized housing with the help of a social worker, case worker or lawyer. Unfortunately, some parents were less successful at problem-solving. This was particularly true for families

facing persistent and/or complex housing problems. At times, parents became overwhelmed and sometimes chose to deal with the problems by not acting at all. With less proactive, measured responses, this approach resulted in avoiding housing issues temporarily and even indefinitely. Mental health issues and feelings of hopelessness and despair often induced this approach. In the proceeding section, I outline the main categories of problem solving behavior in order to highlight how householders utilize particular approaches in handling problems.

Eradicating problems often requires more involved action and persistence on behalf of the affected individuals or someone advocating on their behalf. Leesha used multiple strategies to deal with neighborhood and housing problems. Like many other respondents Leesha stays home to keep safe. She justifies this by saying that her home is "a safer place for me to be. I don't really like going in the streets because I've seen so many people get killed in the last couple weeks that I've known. I'd just rather be in my house." Her home and neighborhood have changed frequently though in response to housing condition issues. Leesha explains, "I've had Section-8 [for] three years now and every year I move." She moved in the first instance because according to her the landlord was a "slumlord" and "didn't take care of the property." Now her approach not only includes the possibility of moving, which she planned to do at the end of her lease term, but as she explains, she has also become demanding of her landlord. She says, "Anything that has to do with this apartment-wise, I nag them until they do it. I'll keep calling 'til they do it." As she described it, she stayed on top of the management company to exterminate, improve lighting, change appliances and the like,

with insistence that they pay attention to her needs. When I asked her, “Why [do] you nag them?” She elaborated,

'Cause when you call them one time you try to be nice to people. I'm gonna call this person, and I call them one time, I tell them what the problem is, it's like they blow me off because I didn't say nothin' else. But if you keep nagging them, keep calling them, that's when they'll decide to do something. It's like you gotta get on their last nerves for them do something. If you call them once, like, I used to call one time and left it alone, and I'd be sitting here forever waiting for them to do it. When the refrigerator in there ain't work, I called them and told them. All the food in the refrigerator gone bad. I called them and I told them. They never did nothin' about it. Then when I kept calling... that's when they finally sent the guy out here to fix it. It's like you gotta get on their nerves for them to do something for you, and I don't think they should do that because this is not our responsibility. It's their responsibility to fix whatever's in their apartment. I'm just renting it from them, and they should take care of it. If I call them the first time, they should come when I call them. At least, come like, the next day or two days later. Don't just blow it off like, "Okay. She'll forget about it." No, I'm not gonna forget about it. I just get on their nerves until they come.

Repairing problems might involve taking matters into your own hands as Joanna described above or requesting repairs from landlords. Repairs, however might also come as a result of the policies in place through Section 8- one of three state/federally funded housing subsidy programs- which not only entail annual inspections of Section 8 units but also penalize private

landlords who rent to residents with Section 8 vouchers in an effort to ensure compliance with housing regulations for residence in safe and sanitary homes. The inspection process is set up to protect renters' interests and some respondents learned to use this process to their advantage. Katherine, for example, described the first time she called inspectional services in a previous apartment. She said, "the inspectors came because of the stove problem and plus, the closet things were all broken and they didn't want to fix it. So [I called inspectional services and] they came. They made me buy the stove out of the rent, and gave them a set amount [to make the other repairs]. Fourteen, I think it was fourteen days to fix it. They didn't do it real well [but] they fixed everything that needed to be fixed." In her case, Katherine used an external resource to help make certain that the repairs were completed in a timely and fair manner.

Eradicating or repairing problems are proactive measures to resolve problems but some householders were unable, for various reasons, to confront their problems head on and instead chose to or due to the nature of the problem were forced to resort to enduring or evading their problems. Maria describes her housing problem, "The only problem is the paint. I've lived here eight years and they never painted... I've called the company many times and in fact, last year I wrote a letter to see if they could come here to paint it because it is very ugly... Eight years is a long time. I try to clean the wall but it doesn't get cleaner. It's looking ugly, really ugly." As an undocumented immigrant whose sense of security and stability is limited, Maria chose not to fight hard. She says, "Not being here legally, I feel that I have no rights." About her future she says, dejectedly, "I don't see much for me. I don't see

opportunity, I don't even know where to start. Everything is out of reach for us [undocumented immigrants]. We work to survive, you can't think about it too much. You think, but just a little. But I'm working; I'm paying my bills and taking care of my son so everything is fine. I can't ask for more. I don't have a right to." Maria's lack of entitlement to rights confines her ability to fully and aggressively pursue her interests, particularly in light of the vulnerabilities attached to her undocumented immigration status. In the meantime, Maria tolerates, with resignation, living in an apartment in desperate need of fresh paint.

Lisa, who struggled regularly with making ends meet despite working full-time said, "I'm definitely interested in getting help... I've heard of a low-income discount for the gas and electric... I left a message on this number my cousin gave me, [for] ABCD. No one ever called me back and I just [said], "oh, whatever." I never called back. But I definitely need to find someplace to get help." She further explains,

That happens with me. That's why I think at the same time, to be honest, it took me so long to get housing. It's not that I was being lazy. I'm one of those people like, if I called you and you need something, I can't call you ten times. I get that all the time at work. People trying to get in contact with the attorney. I'm like, "No, he's in court." They'll call me five minutes later. "He's still in court." You know like, they want to get their stuff done. See, I don't have that in me. I'm like, okay, I'm not gonna bother them no more. I'm not gonna call no more. I feel bad. I'm that kinda person. And that's why the little problems that I do have, that's why I had that. I feel like if I was more aggressive maybe more

things would be getting done. But I don't have it in me. I really don't. My cousin gave me the number. The lady never called me back. I was like, "Ugh."

Not being "aggressive," as Lisa described it, meant that while she made an attempt to get help she was ultimately unable to meet her needs in getting fuel assistance.

Evading problems was sometimes the most effective way to cope, particularly when problems were complicated and complex and the resources—both personal and external—were limited. Angelina, a mother of two who is diagnosed with clinical depression describes how her mental health status affects her ability to meet the challenges of parent and homemaker. She says, "I just get overwhelmed with things. That's part of my disability. Like I have conferences with the kids' school and if I miss it then the teacher's calling like, 'We have to make it up.' And I know I have to go but then I get overwhelmed and I start shutting down. Or if like, I know they need something and then I take away from the bill then I'm worried about that bill. The bills, it's like I try to stay on them but if I miss one month, then the next thing I know, it's like \$200 or you know, and then I'm playing catch-up again. That stresses me out and sometimes I just don't do anything about it." Due to her illness, Angela often avoids confrontations with authority figures or circumvents the responsibilities of paying bills when there is often not enough money to do so and she finds herself juggling. Her evasive behavior is a coping strategy which allows her to remain functional despite being overwhelmed by compounded pressures.

Left to their own devices, most of the women in this study found their way through problems by responding to the issues at hand in direct and indirect ways. At times they benefitted from the help of members of their social network as well as outside resources, although network formation was often encumbered by safety concerns whereby many women felt that it was better to keep to themselves in order to avoid potential problems in the streets. The types of strategies described above in many ways reflect limited personal and institutional network capacity and also a narrow purview when it comes to defining and tackling problems. Therefore, using terminology coined by Swidler (1986) the toolbox from which respondents in this study draw on to implement strategies of action were void of some power tools including not only financial resources but also access to an instrumental set of linked institutions that come with many options for problem solving-- legal strategies.

Proposing New Tools for the Toolkit – Legal Strategies

Housing problems are not one size fits all and the many approaches in dealing with them are as varied as the types of problems themselves. Legal strategies could be potentially powerful and effective ways of coping with and eradicating housing and other problems faced by low-income householders. Incorporating legal strategies in the problem solving repertoires of the poor would grant them access to legal institutions such as courts and police precincts and legal actors such as attorneys and police officers. Access to legal institutions provides a place to go where resources are distributed according to needs, while legal personnel may become key actors in the scheme of helping to solve problems directly or referring individuals to resources. Legal

strategies would not be intended to be a sole resource but one that might be effective in confronting the multidimensional qualities of housing problems.

Overall, legal strategies can have promising impacts for low-income individuals in securing adequate housing, promoting family housing stability and protecting child and family health and well-being. Low-income tenants may protect their rights by having someone working on their behalf as opposed to challenging powerful institutions on their own with limited information and resources. In this way, legal strategies can more fully support and protect the interests of indigent clients. For instance, lawyers can place demands on landlord and management companies obliging them to deal with unfavorable housing conditions, or advocating on behalf of clients for extensions that would allow families to pay back rent which would in essence delay or deter evictions and possible homelessness. Legal representation in court or other institutional proceedings (i.e. school and social services) where legal representation may not be required may prove to be beneficial in addressing clients' concerns and balancing power differentials between clients and court personnel or institutional representatives. In this capacity, attorneys and other legal actors serve to mediate relationships between low-income tenant and other actors by facilitating communication and logistics between the respective parties. Low-income individuals can also approach the legal process on their own as pro se litigants with the proper instruction and with some simplification of the bureaucratic process involved in legal procedures.

Conclusion

By looking in greater detail at how families confront housing problems

and promoting the use of legal strategies, this paper contributes in important ways to our understanding of commonplace strategies of action employed by low-income householders in this domain of life. It presents a much-needed overview of these strategies of action with particular attention to the limitations of current resources that low-income families use to confront housing and other problems. But it also provides hopeful prospects by suggesting the incorporation of legal strategies in order to expand the resource capacity of disadvantaged families.

Strategies of action as described by Swidler (1986) in unsettled times provide opportunities for the development of novel approaches to the unsettling circumstances of life or particular periods of time. Housing problems in whatever form they occur, represents a period or point of unsettlement that affects a fundamental aspect of life. When other aspects of the social and environmental surrounding of poor inner-city residents are also compromised (namely neighborhoods and local institutions) by undesirable elements such as violence, crime and pollution and poverty, families turn to their homes. If their homes in turn represent chaos and hazard, these families are living in an unsettled manner and face cumulative risks (Evans 2004). According to the strategies of action model, situations like these call for the development of new approaches. As such, these disadvantaged families (and the people that work with them in different capacities) are in a good position to move beyond common strategies that prove to be less effective and propagate other problems. New tools and the development of novel tactics, such as legal strategies, may help families more effectively accomplish their habitable housing goals.

Moreover, by focusing on the home and problems therein, families are not only able to see more immediate results, with potentially more direct benefits, but they may soon feel confident to approach other external deficiencies. Increasing the opportunities to mobilize the law and self-advocate is useful for empowerment and upward social mobility as people diverge from conformity and use available tools to improve their quality of life. This process can potentially enable a shift from victims to litigants and powerless to empowered.

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CHAPTER 6

CONCLUSION

As this dissertation comes to its conclusion, it does so by offering several scholarly contributions that will hopefully be useful to scholars in the fields of sociology, law and society, public health, and public policy. First, it addresses a large gap in our understanding of law and inequality by examining the experiences of low-income individuals in the civil justice system. This has been an area of law and society that has largely been understudied and this is one of few studies that explicitly seeks to understand the role of civil justice in the everyday lives of marginalized group members and specifically how civil justice is, isn't and may be better incorporated in the lives of the poor. Second, it contributes to our interdisciplinary knowledge of inequality by showing the links between health and legal disparities by arguing that legal interventions can be an effective way to address widespread housing-related health risks. Third, by using housing hardships as the basis of the analysis, we gain a better understanding of one of the most fundamental problems facing the poor that reflects and affects how disadvantaged people confront multi-faceted problems and where and how they seek solutions. Lastly, this dissertation provides a unique analysis of the role of law in ameliorating and exacerbating social inequality.

Scholars contributing to the field of sociology and more specifically to the subfield of law and society have focused on many aspects of the experiences of disadvantaged group members and the law but usually not with regard to civil justice. Moreover, prior research seems to suggest that the

poor are sometimes against the law. Yet my study of legal consciousness shows that attitudes of the poor are varied and can change with greater knowledge of the law and the belief that one can actually mobilize the law. My paper on litigating health risks documents how poor quality housing is a key explanatory factor in the existence of health inequalities by socioeconomic status in the United States. It shows that although housing and neighborhood conditions are 'justiciable' problems, significant barriers to using legal remedies exist among low-income populations and this paper outlines how the law can be used to ameliorate social inequality and health and legal disparities. My account of strategies of action used by poor householders highlights alternatives to legal remedies and this analysis is particularly useful in elucidating how legal strategies may be incorporated in the problem-solving repertoires of the poor to expand their options and potentially enhance efficiency and end results.

The merits of this dissertation coincide well with a call for action proposed by Rebecca Sandefur in a recent article published in the *Annual Review of Sociology* in 2008 entitled "Access to Civil Justice and Race, Class and Gender Inequality," in which she discusses the potential of civil justice to disrupt or perpetuate current social inequalities. While written after this project was conceptualized and the data was collected, this dissertation fulfills the carefully constructed agenda that the author outlined in her conclusion about future directions in this area of research. In the article, she describes three ways in which experiences within the civil justice system may reveal or impact inequality. Sandefur identifies three mechanisms in this regard: a) differential financial and network resources that often serve to deter lower

status individuals from engaging in the civil legal system, b) “subjective orientations” to the law as a legitimate, fair or efficacious institution and the entitlement and c) the “institutionalization” of certain problems that have been defined and legitimized as legal problems and regularly pursued in legal institutions as well as group differences in who pursues these particular matters, which is where race, class and gender differences in turning to the law matter.

Sandefur goes on to offer three areas of development in this sphere of research. In her own words she says, (16.14).

Because law is a public social institution, the study of inequality and access to justice both reveals the role of civil justice in reproducing and destabilizing inequality and provides a lens on the inclusion and integration of different groups into public life. If research is to produce new discoveries that speak to these two aspects of access to justice, three innovations will be necessary. *First*, scholars will move away from single-case case studies of the experiences of lower status, lower resource groups in favor of explicitly comparative studies that investigate group and individual differences in civil justice experiences. Only comparative work can produce knowledge directly relevant to questions about inequality. *Second*, scholars will expand out from a narrow focus on the mobilization of law to look at the broad array of problem-solving and conflict-handling institutions that exist in contemporary societies. Only work that compares civil law to its alternatives can produce knowledge that speaks directly to the question

of how civil justice experiences and institutions are specifically or uniquely implicated in inequality. *Finally*, the broadened empirical focus will be complemented by a rejection of vague concepts like disadvantage in favor of a deep engagement with existing theories of inequality, particularly sociological theories about what race, class, and gender are and how they work. Only work that is empirically comparative, theoretically informed, and analytically precise can accurately reveal relationships between civil justice and inequality. Such knowledge will be useful not only to sociologists, but also to those who wish to create procedures and institutions that are by some standard more equal or more just. [Emphasis added]

My dissertation nicely follows these insightful observations about future directions in the development of this line of research. In fact, the comparative aspect of my sample, the strategies approach to problem solving as well as the specific analytical approach involving race, class and gender differences and inequality are the particular strengths of this dissertation. It is only by looking at individuals with and without experiences in the civil justice system as shown in this dissertation that we can truly appreciate how legal experiences transform consciousness, open new doors and provide more options for problem-solving. The difference between having and not having an attorney equate in some cases to the difference between having or not having housing stability, food security, access to social benefits and good health. The exception to the rule for many low-income individuals is having legal representation therefore only studying MLPC participants, in this case, would not have been enough to capture the full details of how housing, health

and law are interlinked. The more interesting story lies in the narratives of people without the privilege of legal experiences and the comparative analysis with those in similar situations that were able to, even if by chance, access legal services. In this way, my dissertation addresses Sandefur's first point regarding more methodologically sophisticated, comparative work in this area.

Secondly, for analytical purposes, I investigated housing problems to understand the multiple ways in which poor householders apply strategies of action and seek to resolve their problems. As stated above, housing is not only a basic need but the range of housing problems varies greatly. Yet within the realm of housing problems, there are also many instances where legal remedies may be applied. As such, I met Sandefur's second challenge by asking not only about the problems themselves but also the various strategies used to cope with the problems. Lastly, by drawing on multiple theoretical frameworks informed by interdisciplinary scholarship and applying information gained in various empirical studies, my work bridges information gaps between disciplines and begins to uncover new dimensions of inequality and challenge previous notions of disparities that necessitate interventions of different sorts, particularly policy interventions to motivate change.

As one of the stated purposes of this dissertation, the following section offers a general discussion of policy implications related to legal services, housing and health. The policy recommendations proposed are meant to be general and suggestive, the details of implementation are context-specific and should be considered on a case by case basis.

Policy Implications

The implications of moving toward a solution-based approach within the legal system can have very positive impacts for low-income families not only in addressing housing problems but also in providing additional resources to help in future encounters with justiciable problems. This dissertation notes that although some problems are likely to have a legal solution, some people are able to reap full benefits while others only partially solve their problems while others remain unable to meet their needs at all. These varied outcomes are attributable to personal attributes and cultural and language barriers. The institutional barriers present that preclude a large proportion of poor families in need of legal services from receiving them warrants consideration for increased funding to existing legal service programs as well as policy implications to ensure adequate housing to the low-income population.

However, before explaining my policy recommendations that entail greater access to legal services through more funding and varying legal service providers, it is imperative that I discuss the state of legal services for the poor in the current debate regarding Civil Gideon.

Civil Gideon and Civil Legal Access for the Poor

The American Bar Association estimates that the civil needs of nearly eighty percent of low-income people go unmet. In response to this crisis, they have pushed for a “Civil Gideon,” in which litigants in civil cases ought to be offered the opportunity to obtain legal representation regardless of their ability to pay for services (as is currently the case for litigants in criminal

cases). The acknowledgement of this legal deficiency and a push for a “Civil Gideon” has not yet resulted in policy or legislation in that direction. Nevertheless, there are some hopeful signs that legal representation may indeed have significant benefits for litigants in various civil cases.

Social scientists and legal scholars have varying perspectives on the importance of access to civil legal services and its impact on low-income clients. Articles in law review journals tend to focus on the issue of unmet needs and the possibility of a “Civil Gideon” or the civil right to counsel. The push for a right to legal counsel in civil cases seeks to parallel the efforts instituted in the 1963 *Gideon v. Wainwright* case, in which a right to counsel in criminal cases was established and has since made it possible for litigants in criminal cases to have legal representation regardless of their ability to pay. Legal scholars have focused largely on the issues of civil legal representation as a matter of social justice, an equal rights effort and as a hope for the manifestation of the law as an equalizing force particularly among lawyers and legal advocates who believe that “because of the disparate impact of poverty on women and people of color, Civil Gideon is among [their] most relevant tools to achieve race and gender justice” (Gardner, 2006). Legal scholars in this field publish mostly in law review journals and write articles that focus on the description of the persistent need for legal services among the poor and a burgeoning movement in the direction of Civil Gideon. Many write about a growing interest and increased support for this idea in large and influential organizations such as the American Bar Association and the National Legal Aid and Defender Association. The significance of the movement is embedded in two points: 1) that the unmet need of civil legal

assistance in the U.S. is immense and continues to grow and 2) that evidence exists proving that having a lawyer makes a [positive] difference. Moreover, the merits of these efforts are being followed and analyzed by members of the academic community and publicized in the media. Yet, despite the enthusiasm that exists among legal professionals, the fact remains that nearly eighty percent of indigent persons lack access to legal services.

Policy Recommendations

Public and private institutions might be instrumental in providing greater access to civil justice though it may require convincing key decision-makers about the potential benefits of greater access to legality. In the end other institutions, similar to Boston Medical Center and other institutions that support the Medical Legal Partnership for Children model, adopt a legal component to their operations. This may be key in neighborhood institutions such as churches, schools, social service agencies, community groups and other neighborhood based places where services are provided to disadvantaged group members. Some important issues to consider are funding outlets for expanding operations at institutions that often struggle to secure funding for their basic operations and training in legal and non-legal fields to determine new roles for legal professionals.

The potential role of pro bono services provided by large and small law firms and individual attorneys may be key to making legality within range for the poor in addition to greater government funding to expand public legal services. Pro-bono services mark a major resource in the provision of legal services to the poor. However, pro bono services as they are currently

administered do not adequately meet their fullest potential in providing direct services to needy litigants. Sandefur (2007) describes American style legal services and says that many large firms get away with booking hours as pro bono to meet state requirements but they are not actually taking on cases related to disadvantaged group members. Further evidence produced by Daniels and Martin (2007) regarding pro bono services in meeting the needs of the poor finds that firms make decisions about what cases to accept based on factors independent of common needs expressed by disadvantaged people. Instead, they base decisions on training needs of the firm, tastes and priorities set by upper management or influential clients and cases that present new challenges or would set precedent in courts. In the current model, the needs of the poor are secondary to the needs of legal professionals and the legal profession. With conscientious revision, pro bono services can more effectively meet the legal needs of the poor if poor people's issues are ranked as a primary rather secondary priority.

Additionally, more federal, state and other forms of public funding for legal service provision to the poor is needed not only because most of the legal needs of the poor go unmet but also because most poor families draw on legal services administered through federally funded programs when they try need legal assistance. One in two such persons is turned away because legal aid programs are unable to meet the large demand due to resource deficiencies (Legal Services Corporation 2005). Funding to the Legal Services Corporation has been cut or remained stagnant over the years not taking into account factors such as inflation or increased demand on behalf of potential clients. Legal advocates and other activists have recently attempted to shed light on

this issue but their calls have largely gone ignored. This has changed somewhat in under the Obama administration, which for the first time in decades allocated millions of dollars to federally-funded legal service programs. Yet and still considering new and unique angles of persuasion, such as potential health benefits to legal services, may compel legislators to allocate more funding to legal service programs. Legislation may also need to be pushed toward policies that go beyond legal intervention.

Beyond Legal Intervention: Exploring Policy Implications

The results of the present study and other confirm that housing difficulties stem in large part from *affordability and conditions*. Affordability is a factor in the ability to pay for rent, whether or not it is subsidized as well as in paying utilities. Subsidized housing is a key issue in making housing more affordable. Valerie, an MLPC participant whose housing crisis was rectified by relocation accurately states, “Well, most people don't have the ability to get out like I did and move [to a better apartment and neighborhood]. There need to be more resources for people that are on fixed incomes in dangerous situations... It shouldn't take so long for people to be placed you know. I mean, if there's a need I think it should be acted upon.” It's hard to disagree with such a candid assessment of the need for more services, resources and better housing options among low-income families. The expansion of subsidized housing programs with new provisions such as term limits is necessary, if idealistic given growing resistance to social benefits and social service programs. Nevertheless, I am proposing several smaller objectives that may provide some relief to specific aspects of housing problems among low-income families, particularly in the realm of utilities hardship.

The utilities hardship is critical because it has caused health issues such as asthma and severe colds and the potential for other hazards by using unconventional heating methods such as an oven to warm the home. At the helm of astronomical gas and electric bills, in the thousands of dollars for some, are inefficient heating systems, which cause families to turn up the heat while throwing money out the window. While this is not necessarily a legal matter per se, it requires attention at the policy level. I have proposed three such policy recommendations: a) Weatherization; b) Debt Relief and Income-based discounts for Utility Bills; and c) a Landlord Responsibility Act. *Weatherization* would require that all housing units be properly insulated and draft-proof. In these times of acute environmental awareness, though still largely a middle-class issue, there is promise in linking poverty to broader environmental causes. *Utilities debt relief and discounts* would prevent low-income families from accruing substantial, often insurmountable debts through the utility companies. Holding landlords more accountable would entail requiring and enforcing that landlords provide safe, efficient housing units to tenants that are free of potential health hazards and properly heated. Failure to do so would be illegal and punishable by law, providing recourse to families otherwise subjected to those conditions.

To close, as we move into an era of sustainability, we recognize that sustainability has many forms. In many developing countries for example, sustainability has been used as a mechanism to encourage poverty alleviation and many have turned to environmental innovations as a source of sustainable development. The links in sustainability and poverty alleviation can also be witnessed in the research presented in this dissertation. Focusing

on utilities hardship, for example provides an avenue to incorporate environmental concerns into a model of reduced dependency on energy resources and long-term investment in more energy efficient housing. But more to the point, legal strategies provide an opportunity for disadvantaged householders to approach their problems in a way that gets to the root of the issue and helps encourage self-efficacy and greater social inclusion. The expansion of legal service provision to the poor, then can act as a vehicle for personal sustainability in which people can encounter problems and seek the solutions with expanded resources that more privileged members of society take for granted. In this way, The United States will live up to the adage that so many have sacrificed to attain- "justice for all."

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Appendix A: Consent Form for MLPC Respondents

Dorchester Neighborhood Study Consent Form

You are invited to take part in a research study about housing and neighborhood conditions in Dorchester. You have been chosen to be in this study in part because your child is a patient at a community health center in Dorchester. Please read this form carefully and ask any questions you may have before agreeing to take part in the study.

What the study is about: This study is about housing problems and neighborhood conditions among Dorchester families. We want to know how Dorchester families cope with housing and neighborhood difficulties and also see how legal services help with these problems. To take part in this study you must a) live in Dorchester; b) have a child who is a regular pediatric patient at a community health center in Dorchester; c) have one or more housing problems and d) participate in the Medical Legal Partnership for Children Program (MLPC).

What we will ask you to do: If you agree to be in this study, we will ask you to participate in a face to face interview. The interview includes questions about your family, home and neighborhood as well as participation in the MLPC program. The interview will take about one to two hours to complete. The interviews will be taped and transcribed.

Risks and benefits: There is no major risk to participating but you may find some of the questions about your living situation to be sensitive. Also, there are no direct benefits to you but what you say will help us better understand how families like yours may benefit from legal services.

Compensation: You will receive \$25 in cash to thank you for participating in this study.

Taking part is voluntary: Taking part in this study is completely voluntary. You may skip any questions in the interview that you do not want to answer. If you decide not to take part or to skip some of the questions, it will not affect your current or future relationship with your clinic or MLPC. If you decide to take part, you are free to stop at any time.

Your answers will be confidential. The records of this study will be kept private. In any sort of report we make public we will not include any information that will make it possible to identify you. Research records will be kept in a locked file; only the researchers will have access to the records.

If you have questions: The researchers conducting this study are Diana Hernández and Dr. John Kuder. Please ask any questions you have now. If you have questions later, you may contact Diana at dh244@cornell.edu or at (617) 291-4043. You can reach Dr. Kuder at jmk15@cornell.edu or (607) 255-2510. If you have any questions or concerns about your rights as a subject in this study, you may contact the University Committee on Human Subjects (UCHS) at (607)255-5138 or visit their website <http://www.osp.cornell.edu/Compliance/UCHS/homepageUCHS.htm>.

You will be given a copy of this form to keep for your records.

Statement of Consent: I have read the above information, and have received answers to any questions I asked. I consent to take part in the study.

Your Signature _____

Date _____

Appendix B: Consent Form for MLPC Respondents in Spanish

Dorchester Estudio de Vivienda y Vecindario- Formulario de Permiso

Te invitamos a participar en un estudio social de condiciones de vivienda y vecindarios en Dorchester. Fuiste seleccionado/a para participar en este estudio porque su hijo/hija es un paciente en una clínica en Dorchester. Favor de leer este formulario cuidadosamente y hacer cualquiera pregunta antes de dar permiso a continuar.

De que se trata este estudio? Este estudio se trata de problemas de vivienda y condiciones del vecindario entre familias en Dorchester. Queremos saber como las familias en Dorchester hacen frente a dificultades en sus vivienda y vecindario. También, queremos saber cuales servicios resultan para las familias incluyendo servicios legales. Para participar en este estudio tienes que a) vivir en Dorchester; b) ser padre o guardián de un niño/a que es paciente de una clínica en Dorchester; c) tener un problema o mas de vivienda; y d) participar en el programa Medical Legal Partnership for Children Program (MLPC) de Boston Medical Center.

Que queremos que haga? Si deseas, vas a participar en una entrevista cara a cara que incluye preguntas sobre su familia, vivienda, vecindario y su reciente participación en el programa MLPC. La entrevista se demora casi dos horas y con tu permiso se va a grabar y después transcribir.

Riesgos y Beneficios: No hay mayor riesgo en participar en este estudio, solamente el riesgo que quizás encontrarás a ciertas preguntas un poco sensitivas. También, no hay beneficios directos pero lo que digas puede ayudarnos entender como otras familias como la suya pueden beneficiar de servicios legales.

Compensación: Vas a recibir \$25 dólares en efectivo por participar en este

estudio.

Es todo voluntario: Participar en este estudio es completamente voluntario. Puedes saltar cualquiera pregunta o sección si no deseas dar una respuesta. También, puedes parar cuando quieras. Si deseas saltar una pregunta o sección, no afectará su actual o futuro relación con su clínica o con MLPC.

Lo que digas es confidencial: Los archivos de este estudio son privado. Lo que digas aquí no se reportara en reportes públicos en una manera que pueda posible identificarte. Los archivos de investigación serán guardados en un gabinete con cerradura y solos los investigadores tendrán acceso a los archivos.

Si tienes preguntas: Los investigadores de este proyecto son Diana Hernandez y Dr. John Kuder. Favor de hacer sus preguntas sobre su participación ahora. Si tienes preguntas después, puedes contactar a Diana por teléfono en (617) 291-4043 o correo electrónico en dh244@cornell.edu. Puedes contactar a Dr. Kuder en jmk15@cornell.edu o (607) 255-2510. Si tienes preguntas o preocupaciones sobre sus derechos como sujeto de investigación en este estudio, puedes contactar University Committee on Human Subjects (UCHS) por teléfono en (607) 255-5138 o visitar su pagina electrónica <http://www.osp.cornell.edu/Compliance/UCHS/homepageUCHS.htm>. Una copia de este documento es suyo para sus archivos.

Declaración de Acuerdo: Yo he leído la información arriba y he recibido respuestas a mis preguntas. Yo doy mi permiso a participar en este estudio.

Su Firma _____

Fecha _____

Appendix C: Consent Form for non-MLPC Respondents

Dorchester Neighborhood Study Consent Form

You are invited to take part in a research study about housing and neighborhood conditions in Dorchester. You have been chosen to be in this study in part because your child is a patient at a community health center in Dorchester. Please read this form carefully and ask any questions you may have before agreeing to take part in the study.

What the study is about: This study is about housing problems and neighborhood conditions among Dorchester families. We want to know how Dorchester families cope with housing and neighborhood difficulties and also see how legal services help with these problems. To take part in this study you must a) live in Dorchester; b) have a child who is a regular pediatric patient at a community health center in Dorchester; c) have one or more housing problems.

What we will ask you to do: If you agree to be in this study, we will ask you to participate in a face to face interview. The interview includes questions about your family, home and neighborhood as well as your impressions of and experience with legal services. The interview will take about one to two hours to complete. The interviews will be taped and transcribed.

Risks and benefits: There is no major risk to participating but you may find some of the questions about your living situation to be sensitive. Also, there are no direct benefits to you but what you say will help us better understand how families like yours may benefit from legal services.

Compensation: You will receive \$25 in cash to thank you for participating in this study.

Taking part is voluntary: Taking part in this study is completely voluntary.

You may skip any questions in the interview that you do not want to answer. If you decide not to take part or to skip some of the questions, it will not affect your current or future relationship with your clinic. If you decide to take part, you are free to stop at any time.

Your answers will be confidential. The records of this study will be kept private. In any sort of report we make public we will not include any information that will make it possible to identify you. Research records will be kept in a locked file; only the researchers will have access to the records.

If you have questions: The researchers conducting this study are Diana Hernández and Dr. John Kuder. Please ask any questions you have now. If you have questions later, you may contact Diana at dh244@cornell.edu or at (617) 291-4043. You can reach Dr. Kuder at jmk15@cornell.edu or (607) 255-2510. If you have any questions or concerns about your rights as a subject in this study, you may contact the University Committee on Human Subjects (UCHS) at (607)255-5138 or visit their website

<http://www.osp.cornell.edu/Compliance/UCHS/homepageUCHS.htm>.

You will be given a copy of this form to keep for your records.

Statement of Consent: I have read the above information, and have received answers to any questions I asked. I consent to take part in the study.

Your Signature _____

Date_____

Appendix D: Screening Questionnaire for Non-MLPC Respondents

DHNS- Dorchester Housing and Neighborhood Study

1) What is your zip code? |__|__|__|__|__|

2) Which of the following best describes where you currently live?

☐ Public Housing ☐ Apartment ☐ Private House ☐ Shelter ☐ Other_____

3) Do you rent, own or live with family/friends? ☐ Rent ☐ Own ☐ Live with Family/ Friends

4) Do you receive any housing benefits (ex. Section 8, Housing Voucher)?

☐ Yes ☐ No

5) How many people do you live with? Number of adults? |__| Number of children? |__|

6) In the three years, have you had problems with any of the following in your home?

- | | |
|---|--|
| <input type="checkbox"/> Crowding | <input type="checkbox"/> Cluttered/ Dirty |
| <input type="checkbox"/> Rodents/Insects | <input type="checkbox"/> Mold, Wetness, Dampness |
| <input type="checkbox"/> Noise/Disturbances | <input type="checkbox"/> Lead paint |
| <input type="checkbox"/> Ever too cold | <input type="checkbox"/> Water leaks |
| <input type="checkbox"/> Ever too hot | <input type="checkbox"/> Holes/Cracks in walls, floors or ceilings |
| <input type="checkbox"/> Ever too dark/not enough light | <input type="checkbox"/> Electrical Problems |
| <input type="checkbox"/> Difficulty paying Utilities | <input type="checkbox"/> Plumbing Problems |
| <input type="checkbox"/> Difficulty paying Rent | |

- ☐ Looking but unable to get/afford housing
- ☐ Homeless/Live in Shelter
- ☐ Eviction/Eviction Notice
- ☐ Sometimes live with family/friends
- ☐ Lost Housing Benefits

7) Are you currently doing anything to fix this problem? ☐ Yes ☐ No

8) On a scale from 1-5, how important is it to fix this problem?

☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5

9) Is your household income less than \$30,000 a year? ☐ Yes ☐ No

NOTES:

MATERIALS REQUESTED:

Your Name:_____ **Child Name:**_____ (____)

Home Address:_____

Telephone: _____ **Cell:** _____

Interview Schedule: _____

Appendix E: Interview Guide for MLPC Respondents

CHILD HEALTH and WELL-BEING

As you know this study is about how housing issues affect you and your family's health and how legal services can help. I want to start the interview by asking about you and your child {NAME OF CHILD}. Let's start with {NAME OF CHILD}.

1) *Tell me about {Child}/introduce me?*

What about what's going on in {child's} life? Age, grade, issues, character traits.

2) Could you tell me about {CHILD's} health?

Does he/she suffer from any of the following any illness or disease?

(i.e. Allergies; Asthma; Attention Deficit; Anxiety; Behavioral Problems; Depression; Heart Problems; Learning Disability; Skin Disorders; Anything else?)

Do you have any concerns about {Child's} health now or in the future?

2) How long have you been going to the doctor at {NAME of} CHC with him/her?

How do you feel about the care he/she is getting there?

3) What's your relationship like with the doctor?

Does your doctor ever ask questions about what's going on with you, the family or at home?

(i.e. if you have enough food; have trouble paying the rent; partner issues; immigration problems; problems with child at school; issues with/ in need of benefits; problem at home)

4) Can you talk to me about what's going on in your life right now?

How are you making ends meet?

You said you're from (foreign country), is your immigration status ok?

Anything stressful that you're worried about?

5) How comfortable would you feel talking to the doctor about these issues?

6) Would you feel comfortable speaking to anyone else in the clinic about these issues? If so, Who?

NEIGHBORHOOD ENVIRONMENT

Let's talk about your neighborhood.

1) What is it like living in this neighborhood?

What's around here?

What section of Dot is this?

What areas do you consider to be part of your neighborhood?

How long have you been living in this neighborhood?

What do you like best about your neighborhood? What do you like least?

2) What kinds of things do you do in your neighborhood?

{Probes: spaces, places and resources- availability and safety}

Can you tell me what kinds of services/programs are available around here?

Do you use any of them for your self or your family/children? Which ones?

3) Have you been personally affected by violence in your community?

4) Are you currently active in any civic associations, neighborhood groups or crime watch initiatives?

Would you be interested in being active in your community?

What kinds of issues would motivate you to become active?

Is there anything that would stop you from being active in your community or participating in groups in your area?

Were you ever active? Why/why not?

5) What are some of the good things about living in this neighborhood?

6) What is the biggest problem in your area?

What are some of the things you wish you could change about this neighborhood?

7) How safe do you feel in this neighborhood?

Sometimes parents do things to protect their children when the neighborhood is not safe. What are some of the things that you do to keep yourself and your children safe in this neighborhood?

HOME ENVIRONMENT

Speaking of certain issues, housing is often a big issue for people. Our home is important because it is where we spend so much of our time.

1) Can you please tell me about your home?

Describe the space- number of bedrooms, bathroom, kitchen, etc.

Housing type: apartment, house, condo [rent or own]

How long living here?/ when did you move here?

What circumstances led you to move here?

Who lives here with you? Age and relationship of home dwellers

Is the lease in your name? If not, who is the primary person on the lease?

2) Where were you living previously?

brief description of previous home and neighborhood.

How long were you living in your last apartment/ house?

In the past five years (since 2002), how many times have you moved?

3) Now, I'm going to ask you about your housing expenses including the rent and utilities. Feel free to look at a recent bill if you are not sure about how much you pay.

How much is your rent/mortgage ? |__|__|__|__|. |__|__|

Is the federal, state, or local government helping you pay for your rent?

[This help can be in the form of additional money added to your benefits, as a voucher that you give to your landlord, or as assistance from Section 8]

Who contributes to the household expenses?

Which Utilities do you pay for? How much? How often?

GAS; HEATING OIL; ELECTRICITY

Any other expenses-- School fees; storage; debt

How much time do you spend at home? Why?

When you're not at home, where do you spend most of your time?

What kinds of problems do you have in this apartment?

In the bathroom? Kitchen? Bedrooms?

In the building?

I am going to run down a list of questions about your home. Can you please answer to the best of your ability and talk a little about each issue.

In the past three years, have you had problems with any of the following in your home?

- ☐ Crowding/Lack of Space or Privacy
- ☐ Rodents/Insects
- ☐ Noise/Disturbances
- ☐ Ever too cold/hot

services shut off; housing unit has inadequate heating or insulation; equipment breakdown; its too expensive to heat your home

- ☐ Ever too dark/not enough light
- ☐ Difficulty paying Rent/Utilities

How often does this happen?

When it happens, what do you do?

Ask family/friends; Rent a room, Go to an agency for help; not pay other bills--juggle?

- ☐ Cluttered/ Dirty
- ☐ Mold, Wetness, Dampness
- ☐ Lead paint – tested?
- ☐ Water leaks
- ☐ Holes/Cracks in walls, floors or ceilings
- ☐ Electrical Problems
- ☐ Plumbing Problems
- ☐ Eviction/Eviction Notice
- ☐ Lost Housing Benefits

- ☐ Homeless/Live in Shelter
- ☐ Sometimes live with family/friends

How do these things make you feel?

Do you ever worry about these issues that you face at home?

How much? How does it make you feel?

How else do you think these issues have affected you and you children?

Health- Are you or your children asthmatic?

mood (feelings of worry, hopelessness and despair)

What have you done to deal with/ fix this problem?

Have you spoken to the landlord/management company/housing authority about this?

What did they do?/How did they respond?

What about getting help from someone other than your landlord/ management company/housing authority with this problem? Explain.

If YES, where did you go? What was your experience like?

If NO, do you know where you could go to get help with these issues?

What about any community organizations?

Do you know if any of your neighbors or other people in your community are dealing with the same problems?

Have they formed a group?

IF answer to previous question NOT legal/lawyer ask:

Have you ever thought about this problem as a legal problem or one that you could use a lawyer's help with?

Have you ever contacted a lawyer or legal service agency to help you with this problem?

If YES, can you tell me what happened?

If NO, do you think this would be a case for a lawyer?

Have you ever considered getting a lawyer as an option?

How would you feel about a lawyer handling this situation?

MLPC

Now let's talk specifically about your experience with the lawyers in the Medical Legal Partnership for Children that you accessed through {name of CHC/BMC}.

I'd like you to just think back to when you were first referred to the program.

1) Can you tell me what was going on at home at the time?

Where were you living?

What was the problem?

How was it affecting you/your child?

2) How did you get referred into the program?

Who did you talk to?

What did you tell the doctor/other personnel?

How did you start talking about it?

How did you decide to participate?

How/when did you first hear about MLPC?

3) What was your impression when you found out about being referred to legal services by your child's doctor?

Do you think it makes sense/ that its appropriate?

What do you think about the process of getting into the program?

Maybe as being different than other referral processes

4) What influence did the fact that your child's doctor told you about the program have on your participation?

Do you trust it more because your doctor referred you?

Does it matter if the referral was made by a doctor?

5) Can you walk me through your most recent experience with MLPC (*specify using the timeline*)?

Was there any other significant meeting/ interaction that you had with the program?

Typically what was it like to deal with the program?

How would you describe your interactions with the MLPC staff?

Were the meeting times/dates convenient for you?

6) In general, what was the process like for you?

Were there any problems?

Did anything come up that made it difficult for you to follow up with MLPC services as it was planned out?

7) What did MLPC help you with?

Who did you work with at MLPC?

What services did you receive/what did they do to help you?

8) How do you feel about the way MLPC handled your case?

Do you feel that the program met the needs you initially came in with?

9) At any time, did you have any concerns about participating in MLPC?

If so, what were they? Why? Did the concerns go away?

How did that affect your participation in the program?

10) Has anything in your life changed since you received MLPC services? How/Like what?

Did anything change at home?

Is the family/ family resources more stable?

What about stress, worry or fear about your current situation or the future?

Have you noticed any changes in your child's health?

What about your health?

11) What about other changes in your life that have happened since using a lawyer through the MLPC program, can you talk about changes in...

(if none, please state so) do you think that anything has changed about...

the way you feel about getting what you need from your landlord/ management company/housing authority since you used a lawyer?

the way you think about problems/ the way you handle problems.

the way you think of lawyers like having access to lawyers or if legal services work for you?

What about your impression of medical services?

Do you feel like you know more about legal services? Medical services?

12) Have you had to go back to MLPC for any other reason after they handled your original case?

Why? What were the circumstances? What was the outcome?

13) What changes would you make to the program?

Advice you would give the administrators of the program

What did you like most about the program?

What were some weaknesses of the program?

14) Would you go back to MLPC if you needed legal help in the future?

For what? Under what circumstances?

LEGAL EXPERIENCES AND EFFICACY

1) Other than the lawyers at MLPC, have you ever used a lawyer/legal aid or court appointed attorney in the past?

If Yes, When? Why? What was your experience like?

How does that experience compare to your MLPC experience?

From here on, I am going to refer to legal services to describe lawyers/legal aids/court appointed attorneys.

2) What comes to mind when you think of legal services?

3) What kinds of cases do you think/know that a lawyer can handle?

Do you see a connection between doctors and lawyers?

4) Is there anything that you're dealing with now that you think legal services could help you with?

5) Now or in the past, has anything stopped you from using a lawyer when you needed one? Explain.

6) If you needed to, how would you go about finding a lawyer or other types of legal help?

7) How difficult do you think it would be to get legal help?

8) How do you think you might benefit from getting legal help?

9) Can you think of anything negative that would happen if you used legal services?

Other than with lawyers, what other experiences have you (or your close loved ones) had with the legal system?

10) *What have your experiences with the police been like? How do you feel about police?*

11) *Have you ever had to go to court? Explain.*

12) *Have you ever been in jail or on house arrest, probation or parole?*

13) *In general, how do you feel about the legal system?*

Is it helpful to you?

Does it work for you or against you?

Do you trust it?

What would you do to change it so that it would work better for you?

12) *Do you see a connection between these other aspects of the legal system and legal services? Have the police, court system or prison in any way affected the way you think of lawyers or whether you would get legal services of any kind?*

FUTURE

Now that we've talked about so many aspects of the past and some of the things you are currently dealing with, let's talk about the future.

Here I'll be asking you questions about your future, the future of your family and {Child's} future.

1) *Let's start with {Child}*

What do you expect for {Child's} future in school?

What about his/her health could be mental, physical and/or emotional health?

Anything else that you think about for {child's} future?

Any worries?

How likely do you think this is for {child}?

Do you think that this is any way related to the MLPC services you received?

2) What about your family?

family health

maintaining or improving family stability?

Financial resources

Quality of life

No-financial resources (time, available support)

Housing situation

3) What do you see for your own future?

Health

Work/school

Marriage/partnership

Parenting

4) How do you feel when you think about the future?

This is our last question and probably the most important.

5) From the results from this study, I will be writing articles, reports and possibly a book. Some of the people that will be interested in this work are policy makers, lawyers and other service providers.

What feedback/advice would you give them about what to do with legal services for families like yours?

Is there anything else that you would like to mention now that we haven't already talked about?

Appendix F: Interview Guide for non-MLPC Respondents

NEIGHBORHOOD ENVIRONMENT

Let's talk about your neighborhood.

1) What is it like living in this neighborhood?

What's around here?

What section of Dot is this?

What areas do you consider to be part of your neighborhood?

How long have you been living in this neighborhood?

What do you like best about your neighborhood? What do you like least?

2) What kinds of things do you do in your neighborhood?

Probes: spaces, places and resources- availability and safety

3) Can you tell me what kinds of services/programs are available around here?

Do you use any of them for your self or your family/children? Which ones?

4) What are some of the good things about living in this neighborhood?

5) What are some of the things you wish you could change about this neighborhood?

6) How safe do you feel in this neighborhood?

7) Sometimes parents do things to protect their children when the neighborhood is not safe. What are some of the things that you do to keep yourself and your

children safe in this neighborhood?

CHILD HEALTH and WELL-BEING

I know that keeping your children safe is important, now let's talk about their health. We're going to focus on {NAME OF CHILD} since you were visiting the doctor with him/her when you heard about this study.

1) Could you tell me about {CHILD's} health?

Does he/she suffer from any of the following any illness or disease?

(i.e. Allergies; Asthma; Attention Deficit; Anxiety; Behavioral Problems; Depression; Heart Problems; Learning Disability; Skin Disorders; Anything else?)

Do you have any concerns about {Child's} health in the future?

2) How long have you been going to the doctor at {NAME of} CHC with him/her?

How do you feel about the care he/she is getting there?

3) What's your relationship like with the doctor?

Does your doctor ever ask questions about what's going on with you or the family or what's going on at home?

(i.e. if you have enough food; have trouble paying the rent; partner issues; immigration problems; problems with child at school; issues with/ in need of benefits; problem at home)

4) Can you talk to me about what's going on in your life right now?

Anything stressful that you're worried about?

What about what's going on in {child's} life?

5) How comfortable would you feel talking to the doctor about these issues?

6) Would you feel comfortable speaking to someone else in the clinic about these issues? Who?

HOME ENVIRONMENT

Speaking of certain issues, housing is often a big issue for people. Our home is important because it is where we spend so much of our time.

1) Can you please tell me about your home?

Describe the space- number of bedrooms, bathroom, kitchen, etc.

Housing type: apartment, house, condo [rent or own]

How long living here?/ when did you move here?

What circumstances led you to move here?

Who lives here with you? Age and relationship of home dwellers

Is the lease in your name? If not, who is the primary person on the lease?

2) Where were you living previously?

brief description of previous home and neighborhood.

How long were you living in your last apartment/ house?

In the past five years (since 2002), how many times have you moved?

3) Now, I'm going to ask you about your housing expenses including the rent and utilities. Feel free to look at a recent bill if you are not sure about how much you pay.

How much is your rent/mortgage ? |__|__|__|__|. |__|__|

Is the federal, state, or local government helping you pay for your rent?

[This help can be in the form of additional money added to your benefits, as a voucher that you give to your landlord, or as assistance from Section 8]

Who contributes to the household expenses?

Do you pay for your own utilities? If so, which ones: Water, Electricity, Gas, Heating Oil?

In the survey that you filled out at the clinic you listed the following problems in your home:

Can you talk a little bit about each?

Have you also had any problems with any of the following? {Not already discussed}

Rodents/Insects-

ever notice rodents/roaches around? big/small problem?

Noise/Disturbances-

who- neighbors? What- construction, music? When- nighttime, weekends?

Ever too dark/ not enough light-

kids to do homework/read

Mold- dampness/wetness- in bathroom, kitchen, from leaks since when?

Water leaks- how often? Since when?

Holes/Cracks in walls, floors or ceilings since when?

Lead paint- tested,

Electrical problems- outlets, switches, lights go off, etc

Cluttered/Dirty- what about how clean your home feels

Is space an issue? Ever feel that there is NOT ENOUGH SPACE at home for you and

your family:

crowded rooms, tight sleeping arrangements, need more privacy/space, not enough storage

During the winter, has your home ever been too/ uncomfortably cold for any period of time? Explain.

(i.e. services were shut off; housing unit has inadequate heating and insulation capabilities; equipment breakdown; heat is kept too low; its too expensive to heat your home)

Have you ever had trouble paying the utilities?

When? What did you do?

Have you ever had trouble paying your rent?

How often does this happen?

When this does happen, what do you do?- Strategies

Ask friends, family, significant other?

Rent a room?

Go to an agency for help? (Catholic Charities)

Have you ever lost or almost lost your housing benefits?

Why? What happened?

Have you ever been evicted or threatened with eviction?

What did you do?/ how did you handle this?

How do these things make you feel?

Do you ever worry about these issues that you face at home?

How much? How does it make you feel?

How else do you think these issues have affected you and you children?

Health- Are you or your children asthmatic?

mood (feelings of worry, hopelessness and despair)

What have you done to deal with/ fix this problem?

Do you know if any of your neighbors or other people in your community are dealing with the same problems?

Have they formed a group?

Do you know of any community groups that exist to deal with this problem?

Were you ever active? Why/Why not?

Have you spoken to the landlord/management company/housing authority about this?

What did they do?/How did they respond?

What about getting help from someone other than your landlord/ management company/housing authority with this problem? Explain.

If YES, where did you go? What was your experience like?

If NO, do you know where you could go to get help with these issues?

What about any community organizations?

IF answer to previous question NOT legal/lawyer ask:

Have you ever contacted a lawyer or legal service agency to help you with this problem?

If YES, can you tell me what happened?

If NO, do you think this would be a case for a lawyer?

Have you ever considered getting a lawyer as an option?

How would you feel about a lawyer handling this situation?

LEGAL EXPERIENCES AND EFFICACY

1) Have you ever used a lawyer/legal aid or court appointed attorney in the past?

If Yes, When? Why? What was your experience like?

How does that experience compare to your other experiences?

2) What comes to mind when you think of lawyers/legal aids/court appointed attorneys or legal services?

3) What kinds of things do you think a lawyer could/would handle?

4) Is there anything that you're dealing with now that you think a lawyer could help you with?

5) Now or in the past, has anything stopped you from using a lawyer when you needed one? Explain.

6) If you needed to, how would you go about finding a lawyer or other types of legal help?

7) How difficult do you think it would be to get a lawyer/ legal help?

What makes it difficult or not so difficult?

8) How do you think you might benefit from getting legal help?

9) Can you think of anything negative that would happen if you used a lawyer?

10) I would like to ask about the kinds of experiences you or your close loved ones have had with the legal system?

What have your/their experiences with **police** been like?

What about going to going to **court**? Explain.

Spending time in jail or prison; arrested, probation or parole?

11) What are your impressions of the legal system based on your experiences, those of your loved ones or those of people like you?

Do you think it is helpful to you?

Does it work for you or against you?/ In who's favor is it?

Do you trust it?

What would you do to change it so that it would work better for you?

12) Do you think these experiences have affected the way you think of lawyers or whether you would get legal services of any kind?

FUTURE

Now that we've talked about so many aspects of the past and some of the things you are currently dealing with, let's talk about the future.

Here I'll be asking you questions about your future, the future of your family and {Child's} future.

1) Let's start with {Child}

What do you expect for {Child's} future in school?

What about his/her health could be mental, physical and/or emotional health?

Anything else that you think about for {child's} future?

Any worries?

How likely do you think this is for {child}?

Do you think that this is any way related to any services you received?

2) What about your family?

family health

maintaining or improving family stability?

Financial resources

Quality of life

No-financial resources (time, available support)

Housing situation

3) What do you see for your own future?

Health; Work/school; Marriage/partnership; Parenting

4) How do you feel when you think about the future?

This is our last question and probably the most important.

5) From the results from this study, I will be writing articles, reports and possibly a book. Some of the people that will be interested in this work are policy makers, lawyers and other service providers.

What feedback/advice would you give them about what to do with legal services for families like yours?

Is there anything else that you would like to mention now that we haven't already talked about?

Appendix G: Exit Survey for All Respondents

ABOUT YOU...

1) Are you Male or Female? ☐ Male ☐ Female

2) What is your age? |__|__|

3) Are you Hispanic, Latino or Spanish?

☐ No, not Hispanic/Latino/Spanish

☐ Yes, Puerto Rican

☐ Yes, Dominican

☐ Yes, Cuban

☐ Yes, Mexican

☐ Yes, Other _____

4) What is your Race?

☐ White

☐ Black or African American

☐ Haitian ☐ Cape Verdean ☐ Jamaican ☐ Trinidad ☐ Bayesian

☐ Other West Indian _____ ☐ Other African _____

☐ Asian

☐ Vietnamese ☐ Chinese ☐ Asian Indian ☐ Korean ☐ Japanese

☐ Pacific Islander ☐ Other Asian _____

☐ American Indian or Alaska Native

☐ Some other race _____

5) What is your current marital status?

☐ Single, Never Married ☐ Married ☐ Divorced ☐ Separated ☐
Widowed

6) What is your highest grade of school completed?

☐ Less than High School ☐ High School/ GED ☐ Some College
☐ 2-Year Associates Degree ☐ 4-Year BA/BS Degree ☐ Post BA/BS
Degree

7) What is your total household income, including all earners in your household?

☐ less than \$10,000 ☐ \$10,000-\$19,999 ☐ \$20,000-\$29,999 ☐ \$30,000-
\$39,999
☐ \$40,000-\$49,999 ☐ \$50,000-\$74,999 ☐ \$75,000-\$99,999 ☐ \$100,000 or
more

8) Do you give us permission to contact you in the future? ☐ Yes ☐ No

Appendix H: Housing and Utilities Guide Pamphlet
Distributed to All Respondents (double-sided)

About DHNS

The Dorchester Housing and Neighborhood Study is a research study about the connection between housing and neighborhoods to child and family health. It involves families who live in Dorchester and face a housing challenge such as difficulty paying rent or utilities, maintenance problems in the home and crowding. For the study we are interviewing families who are pediatric patients at community health centers throughout Dorchester. The purpose of the study is to understand some of the problems that families face so that parents may eventually have more options to better meet basic needs at home and keep their families safe.

Diana Hernandez is a PhD student at Cornell University and DHNS' main researcher. She is honored to work on this project as it will give voice to the challenges and needs of Dorchester families and help to bring about much-needed change.

This pamphlet has been prepared as a token of our appreciation for participating in this study. It is a helping tool for families to be informed about agencies and services that provide housing, utilities and legal assistance throughout Boston.

DORCHESTER HOUSING AND NEIGHBORHOOD STUDY

DHNS_DIANA@YAHOO.COM
(617) 291-4043

DHNS

DORCHESTER HOUSING
AND
NEIGHBORHOOD STUDY



*Guide to
Housing, Utilities and
Legal Assistance*

Legal Assistance

ADVOCACY AND LEGAL SERVICES

Who will help me fight **discrimination**?

- Boston Fair Housing Association: (617) 635-4408
- Fair Housing Center of Greater Boston: (617) 399-0491

Who will help me fight an **eviction**?

- City Life/Vida Urbana *tenant advocacy*: (617) 524-3541
- Greater Boston Legal Services (GBLS) *eviction and emergency assistance*: (617) 371-1234
- Hale and Dorr Legal Services Center Housing Clinic call for an intake before attending: 122 Boylston St., JP (Stonybrook T) *evictions, Friday 11-1*: (617) 522- 3003

How do I improve poor **housing conditions**?

- Legal Advocacy & Resource Center: (617) 603-1700

Who will **mediate** a tenant-landlord dispute?

- Rental Housing Resource Center: (617) 635-4200

Who address the concerns of **public housing tenants**?

- Mass. Union of Public Housing Tenants: (617) 825-9750
- Volunteer Lawyers Project: (617) 423-0648

Other Legal Resources:

- Boston Bar Association Lawyer Referral: (617) 742-0625
- Disability Law Center: (800) 872-9992
- Gay and Lesbian Advocates and Defenders: (617) 426-1350
- MA Advocates for Children: (617) 357-8431
- Mental Health Legal Advisors: (617) 338- 2345
- Youth Advocacy Project: (617) 445- 5640
- www.neighborhoodlaw.org -legal info for MA residents

Housing Assistance

HOUSING SEARCH AND RESOURCES

How do I start looking for housing?

- Department of Housing and Community Development will mail a booklet on *finding housing*: (617) 727-7130
- Metro Boston Housing Partnership- Housing Consumer Education Initiative *weekly workshops*: (617) 425-6700
- Housingworks: www.housingworks.net

How do I find an apartment I can afford?

- ABCD housing unit: (617) 357-6000 x6647
- Metrolist City Hall's list of *low-income housing units*: (617) 635-3321

How do I get **Section 8** or **Public Housing**?

- Boston Housing Authority (BHA) *public housing & section 8*: (617) 399-0491, www.bostonhousing.org
- Department of Housing and Urban Development (HUD) *rental housing programs*: (617) 727-7130
- Massachusetts Housing Finance Agency (MHFA) *listing of subsidized developments*: (617) 854-1000 x1185
- Mayor's Hotline *general info*: (617) 635-4500
- Metro Boston Housing Partnership (MBHP) *info/section 8*: (617) 859-0400

How do I get my **home inspected** for dangerous conditions?

- Boston Inspectional Services Dept.: (617) 635-5322
- Office of Environmental Health: (617) 534-5966

How can I make my home safer for my children?

- Healthy Homes Project *BPHC grants for poor housing conditions improvements*: (617) 534-5966
- Injury Prevention Program *home safety*: (617) 534-5197

Where can I find **asthma resources**?

- Asthma and Allergy Foundation *provides info and support groups to parents and families*: (617) 965-7771
- Boston Urban Asthma Coalition: (617) 279-2277
- Kids with Asthma Can Swim! *BPHC program for kids 8-12*: (617) 534-2640

Where can I find **lead poisoning resources**?

- Childhood Lead Poisoning Prevention Program *prevents, diagnoses and treats lead poisoning*: (617) 284-8400
- Boston Lead Program,DPH *info/advocacy*: (617) 534-2866

Utilities Assistance

- ABCD Boston *utility assistance*: (617) 357-6000
- Cold Relief Tips and info from DHCD www.massfuelassistance.com
- DHCD Cold Relief Heat Hotline: (800) 632-8175
- NSTAR *discount rates*: (800) 592-2000
- MA Heating Energy Hotline: (866) ENERGY-7, www.winterheating.com

Other Resources

Emergency Housing/ Homelessness

Where can I find **shelter listings**?

- Travelers Aid *homeless shelters*: (617) 542-7286
- Mass. Coalition for the Homeless: (617) 737-3508
- Mass. Housing & Shelter Alliance: (617) 367-6447
- Emergency Shelter Commission: (617) 635-4507

Where can I get a **referral** for a shelter?

- Dept. of Transitional Assistance/ *shelter placement*: (617) 989-2200 or (800) 249-2007

Domestic Violence

- Who do I call if I can't go home because of **domestic violence**? • Safelink Hotline: (877) 785-2020

Appendix I: IRB Approval Notice



Cornell University
Office of
Research Integrity and Assurance

University Committee on
Human Subjects
35 Thornwood Drive, Suite 500
Ithaca, New York 14850-1295
t. 607.255.5138
f. 607.255.0758
e. uchsh@cornell.edu
www.osp.cornell.edu/Compliance/
UCHS/homepageUCHS.htm

NOTIFICATION OF EXPEDITED APPROVAL

Protocol ID# 06-02-028

To: Diana Hernandez
From: Sarah J. Demn, UCHS Coordinator *Sarah J. Demn*
Date of approval: September 14, 2006 (If you are using a consent form, enter this date at the bottom of it now.)
Project(s): *Living in Paradox: How Low Income Families Navigate Home and Neighborhood Challenges through Participation in the Legal System*

A member of the UCHS has reviewed and given an expedited approval to the above referenced project as far as the use of human subjects is concerned. This approval shall remain in effect for a period of one year.

The terms of Cornell University's Federalwide Assurance (FWA) with the federal government mandate the following important conditions for investigators:

1. All consent forms, records of study participation, and other consent materials must be held by the investigator for three years after the close of the study.
2. Investigators must submit to UCHS any proposed amendment to the study protocol, consent forms, interviews, recruiting strategies, and other materials. Investigators may not use these materials with human subjects until UCHS has reviewed them. For information about study amendment procedures and access to the Amendments application form, please refer to the UCHS website: http://www.osp.cornell.edu/Compliance/UCHS/Approval_Requests.htm
3. Investigators must promptly report to UCHS any adverse events involving human subjects. The definition of prompt reporting depends upon the seriousness of the adverse event. For guidance on recognizing, defining, and reporting adverse events to UCHS, please refer to the UCHS website: <http://www.osp.cornell.edu/Compliance/UCHS/Adverse.htm>.

If the use of human subjects is to continue beyond the assigned approval period, federal requirements mandate that the protocol be re-reviewed and receive an updated approval. You may not continue to use human subjects beyond the stated approval period without an updated approval. Please note that the terms of our FWA with the federal government do not allow for an extension of this period without review. Continuing without an updated approval constitutes a violation of University policy and federal regulations. Research funds administered by the Office of Sponsored Programs will not be released to any project that does not have a current UCHS approval.

Two months before the expiration of your approval, you will be sent a notification of pending expiration, and an explanation of the renewal process. Applications for renewal of approval must be submitted sufficiently in advance of the expiration date to permit the UCHS to conduct its review before the current approval expires. Please allow at least two weeks for the review.

****If you do not plan to renew your protocol approval at the end of the year, you must provide the UCHS with a Project Closure form. A link to the Project Closure form can be found at http://www.osp.cornell.edu/Compliance/UCHS/Approval_Requests.htm.**

cc: David Harris (dhh36)
LLB 49685?

Cornell University is an equal opportunity affirmative action education and employer.